

IDAHO STATE UNIVERSITY GRADUATE SCHOOL
APPLICATION FOR A
GRADUATE TEACHING ASSISTANTSHIP

KASISKA COLLEGE OF HEALTH PROFESSIONS – DEPARTMENT OF COUNSELING

Graduate major in:

Ph.D. in Counselor Education and Counseling

Master of Counseling:

Marital, Couple and Family Counseling

Mental Health Counseling

School Counseling

Student Affairs Counseling

Name in Full _____
First
Middle
Last

Present Address _____

_____ City State Zip Code
 Home Address _____

_____ City State Zip Code

Place of Birth _____ Date of Birth _____

Citizenship _____ Residency (State) _____

Colleges Attended	Dates	Major Field Of Study	Degrees Granted	Date of Degrees*

*If still in college, indicate the date on which requirements for the degree will be met.
Admission and financial aid are provisional in this case.

Purpose of taking graduate work. _____

What do you plan to do after receiving your degree? _____

Honors, fellowships or scholarships, if any, which have been awarded to you. _____

Assisting positions held while in college, if any, and dates. _____

If employed since graduation, give positions held (including present position, if any) with names of institutions or firms, and dates. In case of teaching positions, give rank or title and the subjects taught.

References:

1. _____

2. _____

3. _____

Applicant's Signature _____ Date _____

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