

# Graduate Assistantship Application



Students who want to be considered for a graduate assistantship within the Department of Communication, Media & Theatre Arts are required to:

- (1) complete this application form,
- (2) write a minimum 250-word student letter of interest, and
- (3) secure TWO recommendation forms in support of their application.

Please return these completed documents to:

**Dr. Doris Fields, Graduate Coordinator**  
**Department of Communication, Media & Theatre Arts**  
**124 Quirk — Ypsilanti, MI 48197**

**Application deadline is February 15**

## APPLICANT INFORMATION:

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Student EMU EID \_\_\_\_\_ (if applicable)

Graduate Degree Sought (circle one): MA \_\_\_\_\_ MFA \_\_\_\_\_ Program: \_\_\_\_\_

## ACADEMIC PERFORMANCE:

Undergraduate Institution \_\_\_\_\_

Year degree earned \_\_\_\_\_ Major(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

Overall Undergraduate GPA \_\_\_\_\_

Graduate Program Status @ EMU (if applicable) Program of study \_\_\_\_\_

Credit hours completed \_\_\_\_\_

Current Graduate GPA \_\_\_\_\_

**Letter of interest must be attached. Please write a minimum of a 250-word essay stating your capabilities and qualifications for an assistantship within the department.**

# Student Recommendation Form for Graduate Assistantship Application

Students are to submit two recommendations forms with their Graduate Assistantship Application and letter of interest by February 15 to:

**Dr. Doris Fields, Graduate Coordinator**  
**Department of Communication, Media & Theatre Arts**  
**124 Quirk — Ypsilanti, MI 48197**

*To be completed by student:*

Name \_\_\_\_\_

Email \_\_\_\_\_ Student EMU EID \_\_\_\_\_ (if applicable)

Degree Sought (circle one):      MA \_\_\_\_\_ MFA \_\_\_\_\_ Program: \_\_\_\_\_

I do \_\_\_\_\_ I do not \_\_\_\_\_ waive my right to view this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*To be completed by recommender:* In the space provided, please rate the student's potential for success in the identified degree program.

Assessment of Student's Abilities	Top 5%	Top 10%	Top 25%	Top 50%	Low 50%	Cannot Evaluate
Intelligence						
Critical Thinking						
Oral Communication						
Written Communication						
Self-Discipline						
Ability to Self-Evaluate						
Interpersonal Sensitivity						
Organizational Skills						
Potential for Teaching Effectiveness						

How long have you known this student and in what contexts? \_\_\_\_\_

On an attached sheet, briefly address any details regarding the student's capabilities that you view as relevant to this application.

Name of Recommender \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

# Student Recommendation Form for Graduate Assistantship Application

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**Dr. Doris Fields, Graduate Coordinator**  
**Department of Communication, Media & Theatre Arts**  
**124 Quirk — Ypsilanti, MI 48197**

*To be completed by student:*

Name \_\_\_\_\_

Email \_\_\_\_\_ Student EMU EID \_\_\_\_\_ (if applicable)

Degree Sought (circle one):      MA \_\_\_\_\_ MFA \_\_\_\_\_ Program: \_\_\_\_\_

I do \_\_\_\_\_ I do not \_\_\_\_\_ waive my right to view this recommendation.

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*To be completed by recommender:* In the space provided, please rate the student's potential for success in the identified degree program.

Assessment of Student's Abilities	Top 5%	Top 10%	Top 25%	Top 50%	Low 50%	Cannot Evaluate
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Interpersonal Sensitivity						
Organizational Skills						
Potential for Teaching Effectiveness						

How long have you known this student and in what contexts? \_\_\_\_\_

On an attached sheet, briefly address any details regarding the student's capabilities that you view as relevant to this application.

Name of Recommender \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Signature of Recommender* \_\_\_\_\_ *Date* \_\_\_\_\_