

FINANCIAL SUPPORT FORM

Name _____ Date _____

Do you wish to be considered for departmental financial support? _____ yes _____ no

Will your graduate work be dependent on departmental financial support? _____ yes _____ no

Type of financial assistance preferred (Please number in order of preference, with 1 top choice)

Graduate Assistantship (Teaching) _____

Graduate Assistantship (Research) _____

Other (specify) _____

Teaching Experience (List all teaching experience you have at any level.)

Teaching Preference (Write a short statement indicating which courses you would like to teach and why.)

Research Experience (List all research experience you have at any level.)