Application for Graduate Assistantship

(Before action can be taken on this application, the applicant must be regularly admitted to a graduate degree program)

Application for
- Master's Program in Engineering
- Doctoral Program in Engineering
- Master's Program in Aviation
- Doctoral Program in Aviation

Entry Semester: Fall 20___  Spring 20___  Summer 20___

Applicant Information (print or type)

Name__________________________________________________________________________________________

Last    First    Middle Initial

Permanent Address
Number and Street___________________________________________
City, State and Zip +4 , (Country if not USA)

Mailing Address ☐ same as permanent
Number and Street___________________________________________
City, State and Zip +4 , (Country if not USA)

E-mail_________________________________Phone number_____________________________________________

US Citizen: ☐ yes ☐ no  If not a US citizen, are you a ☐ permanent resident _________________________

International Student Information (International Students only)
Do you currently hold a U.S. non-resident visa?  Yes ☐ No ☐ If yes, specify type:
- ☐ B
- ☐ F-1
- ☐ F-2
- ☐ J-1
- ☐ J-2
- ☐ H-1
- ☐ H-4
- ☐ Other_____________

Professional Experience/Work History (latest listing first)

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<tr>
<th>Name and address of Employer</th>
<th>Position held</th>
<th>Dates of Employment</th>
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Publications, Honors, Professional Memberships, Honorary Societies, Volunteer work, and special skills
**Recommendation Information**

List the people who are submitting a recommendation on your behalf.

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<th>First Name, Last Name</th>
<th>Address Number, Street, City and State</th>
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**Federal Financial Aid/Veteran’s Benefits**

Do you plan to apply for Federal Financial Aid (US Citizens and Permanent Residents)  
☐ Yes  ☐ No

Do you have US Military Student Benefits?  
☐ Yes  ☐ No

**Current Saint Louis University Employee Benefit**

Are you eligible for Saint Louis University Tuition Benefit?  
☐ Yes  ☐ No

Are you a full time employee of Saint Louis University?  
☐ Yes  ☐ No  If yes,  
Position Title_______________________  Department_________________________________
Campus Address____________________  Supervisor Name_____________________________

**Signature:** Your signature is required to process the application.

I certify that the information given in this application is complete and accurate. I understand that furnishing false or incomplete information as any part of this application material may result in cancellation of admission, assistantship, and registration. I understand that credentials supplied to support my admissions application becomes property of Saint Louis University and cannot be returned to me. I authorize Saint Louis University to contact previous schools attended to obtain or verify information in connection with this application.

Signature________________________________________  Date____________________________

Submit the completed application form to: Graduate Program Director, Parks College of Engineering, Aviation and Technology, Saint Louis University, 3450 Lindell Blvd., Saint Louis, MO-63103, USA or email acolema8@slu.edu.

All inquiries regarding graduate programs in engineering and aviation should be directed to the Graduate Program Director at the address listed above or 314-977-8306.

*It is the policy of Saint Louis University to recruit, hire, train, promote and in all ways provide fair treatment on the basis of the merit without regard to: race, color, sex, religion, national origin, sexual orientation, disability, age or veteran status.*

Last Revised: 3/2012

**Deadline for application:** Fall Semester: January 31