



**Department of Community and Therapeutic Recreation**

**Application for a Graduate Assistantship**

**Section One**

Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Number, Street, or PO Box)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

**Section Two**

1. Have you been admitted to the Graduate School? \*\*  Yes  No

If yes, when do you plan to begin your graduate studies (semester/year)?

\_\_\_\_\_

*\*\*You must be admitted as a classified graduate student to be eligible for a GA appointment*

2. Are you a North Carolina resident?  Yes  No

If so, since what year? \_\_\_\_\_

3. List all previous educational institutions attended

Institution	City & State	Major	Degree	Dates

4. Briefly describe your academic interests and career goals.

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**Section Three**

Please answer each of the questions below.

1. List past scholarships, academic awards and honors, and memberships in professional organizations.

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2. List relevant research experience.

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3. List relevant teaching experience.

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4. List undergraduate or professional leadership activities that you have had.

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5. Indicate software applications with which you are familiar in the following table:

<b>Software Applications</b>	<b>Check Here</b>
Word Processing (e.g., Word, Word Perfect)	
Spreadsheets (e.g., Excel)	
Presentation Software (e.g., PowerPoint)	
Statistical Applications (e.g., SPSS, SAS, LISREL)	
Bibliographic Data Base (e.g., EndNotes, Reference Manager)	
Webpage Design (e.g., Dreamweaver)	
Others (please specify)	

6. Do you speak any second languages other than English?  Yes  No

If yes, please specify \_\_\_\_\_

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7. List jobs (paid or unpaid) you have held in the past 3 years:

Organization	Job title	Job responsibility	Dates of employment	Supervisor's name, telephone #, and e-mail	May we contact your supervisor?
					___ yes ___ no
					___ yes ___ no
					___ yes ___ no
					___ yes ___ no
					___ yes ___ no
					___ yes ___ no

**Thank you for your interest in the Department Community and Therapeutic Recreation at The University of North Carolina Greensboro**

Please return this form to:  
 Dr. Stuart J. Schleien, Department Chair and Director of Graduate Study  
 Department of Community and Therapeutic Recreation  
 The University of North Carolina at Greensboro  
 206 Ferguson Building  
 524 Highland Avenue  
 Greensboro, NC 27412  
 336.334.3797  
 or  
[sjs@uncg.edu](mailto:sjs@uncg.edu)