Hiring Process: Available assistantships are advertised via the University's Career Services' job posting database called The Wright Search. Applications will be available via The Wright Search as well as the College. Faculty will review the applications we have on file and select candidates for interviews. After a calendar year, we remove applications from the pool.

Visit this web site for job postings:

http://www.wright.edu/admin/career/thewrightsearch/studentsandalumni/index.html

Program: Graduate Assistantships are awarded through the School of Graduate Studies to individual departments and require students to spend a specified amount of time (minimum 20 hours/week) assisting either in instruction, research, or academic support. Graduate Assistants are required by the graduate school to register for a minimum of six hours of graduate credit per quarter.

Awards: The criteria for awarding the Graduate Assistantship will be based on admission to the School of Graduate Studies and specific needs of each department. A Graduate Assistantship is only awarded to degree seeking students. Financial need is not a criterion for selection of Graduate Assistants.

Tuition Waver: Graduate Assistants will receive a tuition fee waiver for the academic year in which they are awarded the assistantship. A stipend for each month is also awarded. Contact the College's Business Manager to learn the current stipend amount – 937-775-2635.

Application: Applicants are required to submit a Graduate Assistantship Application and two Letter of Recommendation forms completed by faculty member and/or former employer, which can attest to the applicant's abilities as both a student as well as an employee. Resumes, written letters of recommendation and any other information that would attest to the applicant's ability to succeed, as a graduate student as well as a Graduate Assistant may be included in the file.

Application Mailing Address: Wright State University, 3640 Colonel Glenn Hwy., College of Education and Human Services, Office of Graduate Programs, 378 Allyn Hall, Dayton, OH 45435
Please type or print.

Application for an assistantship in the department of _____________________________ Effective term and year _____________________________

<table>
<thead>
<tr>
<th>Last name</th>
<th>First</th>
<th>Middle/Maiden</th>
<th>UID number</th>
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Area Code/Phone number ____________________________________________________________________________

Education:

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<th>College/University</th>
<th>Dates attended (from/to)</th>
<th>Degree</th>
<th>Date Awarded</th>
<th>Major</th>
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Undergraduate GPA _________ GMAT ________ GRE ________ MAT ________ TOEFL ________ SPEAK ________

If you have completed one or more of the above tests, please fill in test score(s).

List names and positions of two persons whose recommendations have been requested. Recommendations should come from persons acquainted with your academic background. This application must be accompanied by your statement regarding the purpose of your graduate study and your professional goals (see back of page).

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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Signature ______________________ Date ______________________

STUDENT – do not write below this line – Department please complete the following:

Recommendation: Assistantship should be: granted ________ not granted ________

Beginning Date of Assistantship: __________________________ ending date __________________________

_________ Graduate Assistant ___________ Graduate Teaching Assistant ___________ Graduate Research Assistant

Account or grant number to which stipend is to be charged ___________________________________________

NOTE: If stipend is to be charged to a grant or contract number, then tuition remission will also be charged to that grant or contract number.

Total stipend to be paid $________ Quarterly paid $________ Monthly stipend $________

Special conditions ___________________________________________________________________________

__________________________________________________________________________________________

Department Chair/Director __________________________ College/School Dean __________________________

Do not write below this line.

Date received __________ Incomplete x

Initials __________________ DRtd __________________

DRcvd __________________ Comments __________________
**Statement of Objectives**
This statement is used exclusively for your assistantship application. Please state the purpose of your graduate study and professional goals. In addition, include a description of any publications, research, or teaching experience you have completed.

______________________________
Signature and Date
Letter of Recommendation
Graduate Assistantship Application

Last name  First  Middle/Maiden  UID number

Street Address  City  State/Zip code  Area code/Phone number

Has applied for a graduate assistantship in the Department of _______________________________________________

I waive the rights of access to the contents of this letter.  [ ] Yes  [ ] No

______________________________
Signature

The above is to be completed by the applicant

1. Please briefly state in what capacity and the length of time you have known the above applicant.

__________________________________________________________________________

2. How would you rank the applicant compared with others of the same academic level and experience in the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Highest</th>
<th>Average</th>
<th>Lowest</th>
<th>Don’t Know</th>
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<tbody>
<tr>
<td></td>
<td>10%</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
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<tr>
<td>Intellectual Independence</td>
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<tr>
<td>Capacity for analytical thinking</td>
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<tr>
<td>Ability to work with others</td>
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<tr>
<td>Ability to organize &amp; express ideas clearly (orally &amp; written)</td>
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<tr>
<td>Initiative &amp; enthusiasm</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

3. What is your evaluation of the applicant’s overall ability and motivation to succeed in graduate studies?

__________________________________________________________________________

______________________________  _______________________
Signature  Date

Do not return to applicant – Please mail directly to: CEHS Office of Graduate Programs
Wright State University
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Letter of Recommendation

Graduate Assistantship Application

Last name  First  Middle/Maiden  UID number

Street Address  City  State/Zip code  Area code/Phone number

Has applied for a graduate assistantship in the Department of _______________________________________________

I waive the rights of access to the contents of this letter.  ☐ Yes  ☐ No

_______________________________________________

Signature

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Intellectual Independence
Capacity for analytical thinking
Ability to work with others
Ability to organize & express ideas clearly (orally & written)
Initiative & enthusiasm

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________________________________________________________________________________________

________________________________________________________________________________________

_______________________________________________      ____________________________

Signature                                          Date

Do not return to applicant – Please mail directly to: CEHS Office of Graduate Programs  
Wright State University
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Dayton, OH 45435-0001