Hiring Process: Available assistantships are advertised via Handshake, the University's Career Services' job posting website. Applications will be available via Handshake 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 website for job postings:
https://www.wright.edu/student-success/career-services/handshake-login-guide

Program: Graduate Assistantships are awarded through the School of Graduate Studies by 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 the 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 a 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
CEHS Office of Graduate Programs
415 Allyn Hall
3640 Colonel Glenn Hwy
Dayton, OH 45435-0001
Please type or print.

Application for an assistantship in the department of ____________________________

Effective term and year ____________________________

Last name   First   Middle/Maiden    UID number

Street address    City   State   Zip code

Area Code/Phone number

Education:

<table>
<thead>
<tr>
<th>College/University</th>
<th>Dates attended (from/to)</th>
<th>Degree</th>
<th>Date Awarded</th>
<th>Major</th>
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</tbody>
</table>

Undergraduate GPA _________   GMAT ________ GRE________ MAT________ TOEFL ________ SPEAK________

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

__________________________ ___________
Name                                  Position

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10%</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Intellectual Independence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity for analytical thinking</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ability to work with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to organize &amp; express ideas clearly (orally &amp; written)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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
415 Allyn Hall
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

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

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

________________________________________________________________________

Signature ___________________________________________ Date __________________

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Wright State University
415 Allyn Hall
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001