

Department of Educational Psychology
College of Education, The University of Georgia

Application for Departmental Graduate Assistantship and Financial Support

Name: _____ Date: _____

UGA Student Number: (81*****) _____

Present Address: _____

Phone: _____ Email: _____

Address to which communication should be sent AFTER February 15 (if different from above):

I am applying for admission to the doctoral program effective (date): _____

I would like to be considered for (check all that apply):

_____ Teaching Assistantship

_____ Non-Teaching Assistantship

_____ Out-of-State Tuition Waiver

Honors and other evidence of high scholarship (e.g. awards, presentations, publications):

Work experience especially relevant for assistantship consideration (teaching, research, etc.):

Organization: _____ Dates Inclusive: _____

Nature of Work:

Organization: _____ Dates Inclusive: _____

Nature of Work:

Organization: _____ Dates Inclusive: _____

Nature of Work:

Specific research interests:

Please briefly list any special competencies you have or experiences you have had that might qualify you for teaching or non-teaching assistantships (computer skills, testing certification, editing or administrative experiences, research publications, etc.):

Please return materials to:

Graduate Coordinator

Department of Educational Psychology

The University of Georgia

Athens, GA, 30602-7143