

University of North Texas

Department of Speech and Hearing Sciences

Application for Assistantship

2006-2007 2007-2008 2008-2009

Fall Spring Summer

Name _____

ID Number _____

AuD _____ SLP _____

Semester in program 1 2 3 4 5 6 7

Permanent Address:

Current Address:

Street _____

Street _____

City State Zip _____

City State Zip _____

Phone #: _____

E-mail: _____

When admitted to the program, did you receive a letter indicating you had been awarded an assistantship? ____ YES ____ NO (If yes, provide a copy of the letter)

	M	T	W	Th	F
8-9					
9-10					
10-11					
11-12					
12-1					
1-2					
2-3					
3-4					
4-5					

Shade in your class and clinic schedule

	M	T	W	Th	F
8-9					
9-10					
10-11					
11-12					
12-1					
1-2					
2-3					
3-4					
4-5					

Shade in the hours you prefer to work

Have you been awarded funds for the upcoming semester? ____ YES ____ NO

Anticipated off-site practicum (year & semester) _____

Anticipated graduation date (year and semester) _____

The department awards assistantships on the basis of availability of funding, students' academic performance, as well as departmental short- and long-term teaching, research, and service needs. In addition, the department considers feedback of department faculty and staff. Understand that the department is unable to award assistantships to all eligible and interested students.

Comments:

Student Signature

Date