



VISAYAS
STATE UNIVERSITY

OFFICE OF THE GRADUATE SCHOOL

Visayas State University
Visca, Baybay City, Leyte
Email: gs@vsu.edu.ph
Website: vsu.edu.ph



APPLICATION FOR GRADUATE ASSISTANTSHIP

To the Applicant: This application shall not be acted upon unless the following requirements are received by the Office of Graduate School:

1. Photocopy of the Letter of Admission as a regular student in the Graduate School.
2. Official Transcript of Records, from college previously attended, if the applicant will be on her/his first term of graduate study.
3. A copy of grades of courses during the previous term(s) duly certified by the University Registrar, if the applicant is a continuing graduate student.
4. Certificate of Employment, whenever applicable.
5. Curriculum Vitae (to include the following: (a) list of relevant experiences; [for teaching: school, subject(s) taught, inclusive dates, for research: title of study, nature of involvement, inclusive dates]; (b) honors/awards; (c) list of publications; (d) graduate units related to job; and (e) services and resource person.

a. Personal Background:

Name: _____ Age: _____ Sex: _____

Civil Status: _____

Degree Sought: _____ Major Field: _____

Mailing Address: _____

Agency/Office: _____

Present _____ Position/Occupation: _____

Seeking Graduate Assistantship for: (Please check)

Type: Teaching

Research

School Year _____

First Semester

Second Semester

Summer

b. Educational Background:

Degree	Institution	Major Field	Year Obtained	Grade Point Average
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

c. **Work Experience:** (Use separate sheet if necessary)

<u>Position/Job</u>	<u>Agency/Office</u>	<u>Inclusive Dates</u>
Teaching: _____	_____	_____
Research: _____	_____	_____
Others: _____	_____	_____

d. In what Department do you intend to apply for Graduate Assistantship?

e. Are you a recipient of any educational benefit, scholarship or grant-in-aid? [] yes [] No
If yes, please fill up the required information below:

<u>Educational Benefit/Scholarship/ Grants-in-aid Enjoyed Dates</u>	<u>Monthly Stipend</u>	<u>Inclusive</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

f. Personal References: (At least three)

<u>Name</u>	<u>Position</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY that the foregoing information are true and correct. Any falsification or misrepresentation shall be enough basis for immediate dismissal and/or disbarment from any future graduate work assistance.

Name and Signature of Applicant

Date: _____

(To be accomplished by the department/unit concerned)

JOB DESCRIPTION:

Duration of Work in the Department: _____

Recommending Approval:

Immediate Supervisor

Dept./Unit Head

Action Taken:

Approved Disapproved

ANABELLA B. TULIN
Dean, Graduate School

Date: _____