

Saint Louis University
The Graduate School
3634 Lindell Boulevard
St. Louis, Missouri 63108 USA

APPLICATION FOR A FELLOWSHIP, TRAINEESHIP, OR AN ASSISTANTSHIP

Name: _____ Social Security No: _____
(Family Name) (First Name) (M.I.)

Mailing Address: _____

Major Field and Degree Sought: _____

Academic Year/Semester for which an appointment is requested: _____

*** Teaching or Research Experience ***

Name of Institution	Position Held	Major Field of Appointment	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Positions Held _____

Language/Resource-Tool Expertise _____

Memberships; Special Distinctions _____

Publications (Books: give title, publisher, year; Journal Articles: give title, periodical, volume, date, pages; Theses: give title, field, university, degree date. Provide abstract if available.)

(If additional space is needed, use the reverse side of this form.)

A viable applicant for an appointment must have been accepted as a classified (degree-seeking) student in the Graduate School, or already is a classified. If your application does not include a biographical goal statement, please provide a 500 word essay describing your interest in graduate study and your vocational objectives.

Date: _____ Signature: _____