

UNIVERSITY OF FLORIDA
Gainesville, FL 32611
APPLICATION FOR GRADUATE FELLOWSHIP OR ASSISTANTSHIP

Note: All Fellowship/Assistantship "Fall" semester application materials must be received at Grad Admissions 201 Criser Hall PO Box 114000, Gainesville FL 32611-400, by February 1st.

Name of Applicant _____
LAST FIRST MIDDLE

Present Address _____
NUMBER AND STREET CITY STATE ZIP

Home Phone (____) _____ Work Phone (____) _____ Fax (____) _____

May we call you at work? Yes / No Sex: Male / Female

Birth date _____ UF ID# _____

E-mail Address _____

Knowledge of Foreign Languages: _____ READING / WRITING /SPEAKING

Major Department _____ College _____

Degree(s) sought _____ Area of Specialty _____

Check type of support requested: Check first term for which support is desired:

<input type="checkbox"/> Graduate Teaching Assistantship <input type="checkbox"/> Graduate Research Assistantship <input type="checkbox"/> Graduate Fellowship <input type="checkbox"/> Graduate Fellowship for Minority Students	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer A 20____ <input type="checkbox"/> Summer B 20____
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Florida law requires international teaching assistants to demonstrate oral proficiency in English. The international students from non-English speaking countries must present an adequate score on the Test of Spoken English (TSE) in order to hold a Teaching Assistantship at the University of Florida.

Have you previously held a fellowship at the University of Florida? Yes / No

List three faculty members who are familiar with your work and have been asked to send letters of recommendation directly to your major department.

1. _____ (____)
NAME INSTITUTION TELEPHONE

2. _____ (____)
NAME INSTITUTION TELEPHONE

3. _____ (____)
NAME INSTITUTION TELEPHONE

On a separate page: (1) Describe in a short essay any additional qualifications which you may have for the appointment you are seeking. Include such items as employment experience, research writing, laboratory experience, artistic creation, inventions, travel, and other relevant skills. (2) Give a brief description of your plans after completing graduate work.

I certify that all of the above information is accurate to the best of my knowledge

SIGNATURE OF APPLICANT

DATE

The University of Florida does not discriminate on the basis of age, race, color, national or ethnic origin, religious preference, handicap, or sex in any aspects of its operations.

Rating System: 1 = Highest Level
 2 = Above Average Level
 3 = Moderate Level

Directions: Using the rating system above please rank your level of personal expertise and prior experience in the first column and your level of interest in teaching a lab(s) in the second column for the following classes currently offered in Applied Physiology and Kinesiology. You may use a rating more than once and rate each class as you choose, but only rank those you feel qualified to teach within the Department of Applied Physiology and Kinesiology.

	Level of Expertise & Experience	Level of Interest
Applied Human Anatomy	_____	_____
Applied Human Physiology	_____	_____

Your responses will be considered in conjunction with the instructional needs of the Department and College and you may or may not be contacted for an interview. These assistantships are competitive and we typically get more requests than we have a need for. However, we will consider your request and communicate back to you by letter or e-mail well before the beginning of the semester as to whether you have been selected for one of the assistantships. Thank you for applying.