Application For Graduate Assistantship Position

Office of Graduate Studies Box 4029 Clinton, MS 39058

In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973 and Title IX of the Education Amendments of 1972, Mississippi College does not illegally discriminate on the basis of race, color, national origin, gender, age, disability, or military service in admissions, in the administration of its educational policies, programs, and activities or in employment. Under federal law, the university may exercise religious preferences in employment in order to fulfill its mission and purpose.

PERSONAL DATA: *(Please Print Plainly)* Date of Application _____

Name _____
(Last) (First) (Middle)

_____
Present Tel. No. E-Mail Address Social Security Number MC ID Number

Present Address _____
(Street) (City) (State) (Zip)

Permanent Address _____
(Street) (City) (State) (Zip)

_____
Are you a U.S. Citizen? (Yes or No) If not, type Visa held is: Alien Registration No.

Graduate Assistantship Position Desired _____

All relevant items below must be completed; however, you may attach supplemental materials if more space is needed.

EDUCATION:

COLLEGE/UNIVERSITY	MAJOR SUBJECT	DATES ATTENDED	DEGREES EARNED

Please check: ( ) I have requested an official transcript (s) for my most advanced degree appropriate to my teaching field be sent directly to Mississippi College.

EMPLOYMENT HISTORY: (List most recent first.)

Position/Title/Rank	Employer	Address	Inclusive Duties

PUBLICATIONS/MAJOR PRESENTATIONS/PERFORMANCES/FUNDED RESEARCH: (List most recent here. Attach full listing.)

_____

_____

_____

_____

_____

EXPERIENCE WITH EDUCATIONAL TECHNOLOGY: (List software used personally in the classroom.)

_____

_____

_____

_____

REFERENCES: (Include name, address, telephone [e-mail address if known] for four references, at least one of whom is familiar with your religious activities.)

Name	Address	City	State	Zipcode	Telephone/E-mail

Have you ever been convicted of or pled guilty or no contest to any crime (other than misdemeanor traffic violations)?

( ) Yes ( ) No If yes, please attach a written explanation.

CHRISTIAN EXPERIENCE AND BELIEFS: Please respond to the following questions.

1. Please describe your personal faith and Christian experience.

2. How does your Christianity influence your daily life?

RELIGIOUS AFFILIATION:

_____ _____

Denominational Preference Member of (name of church)

My signature certifies that the information in this application is true and correct. I understand that false entries are grounds for refusal to hire and discharge.

1) Should you be employed by Mississippi College, you must provide a copy of your actual social security card for our Personnel office on or before your first day of employment. If you do not have your social security card, you may wish to apply for a duplicate at the Social Security Office or on-line at www.ssa.gov
2) Mississippi College requires drug screening for any applicant considered for full-time employment. (Policy 3.21)

Signature of Applicant _____

Date signed _____

Mississippi College seeks faculty and staff who are committed Christians and whose Christian principles are exemplified in daily living. In filling vacancies, consideration is given to members of evangelical Christian denominations, with the understanding that first preference will be given in each case to active members of Baptist churches, provided that academic and professional standards are met.

(Faculty and Staff Handbook of Mississippi College)

Please return application to: Office of Graduate Studies, Box 4029, Mississippi College, Clinton, MS 39058.

Updated: September 17, 2008

Mississippi College
A CHRISTIAN UNIVERSITY

TRANSCRIPT REQUEST FORM

Accrediting agencies require the College to maintain on file for each faculty member appropriate transcripts that validate the academic competence on which the teaching assignment is based. As part of the application process, we need a transcript for your most advanced degree appropriate to your teaching field.

TO: **REGISTRAR**

University _____

Address _____

City, State/Zip _____

Your full name: _____

Any other name by which you may be listed in the records: _____

MC ID Number: _____

Date of Birth: _____

Last Date Attended: _____

Degree Earned: _____

Please send an official copy of my transcript to the following address:

Office of Academic Affairs
Mississippi College
Box 4002
Clinton, MS 39058

Signature Date

Mississippi College Graduate School
Box 4029, Clinton, MS 39058
LETTER OF RECOMMENDATION [ACADEMIC]

Applicant: *Fill in your name, address, social security number, degree and department before giving this form to the person recommending you for a graduate assistantship.*

Name	**MC Student ID**	**Degree Sought**
Address		**Program**
City	**State/Zip**	**Phone**

Waiver of Access: I agree that this recommendation will remain confidential.

Signature of Applicant (Optional)

1. How well do you know the applicant? How long and in what capacity?

2. Give your opinion of the applicant's qualifications to do graduate work in his/her field.

Please list courses this applicant has taken with you:

Course Number	Course Title	When Taken	Grade

Please rate the applicant in the following categories:

	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
Writing Ability					
Speaking Ability					
Knowledge of Proposed Area of Study					
Motivation					
Emotional Stability					
Ability to Work Independently					
Teaching Ability					
Interpersonal Skills					

	Master=s Program	Graduate Assistantship	Other (Please Specify)
I would strongly recommend for			
I would recommend for			
I would recommend with reservations for			
I would not recommend for			

Indicate Applicant=s promise for success in a graduate program.	**Outstanding**	**Above Average**	**Average**	**Poor**

Signature	**Date**	**Institution**
Name, (Please Print or Type	**Title**	**Address**

Mississippi College considers qualified applicants without regard to race, sex, creed, national origin, age, or handicap in its admission policies and practices. Federal law expressly recognizes exemptions claimed by religious institutions .

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Box 4029, Clinton, MS 39058
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Mississippi College Graduate School
Box 4029, Clinton, MS 39058
LETTER OF RECOMMENDATION [EMPLOYMENT/PROFESSIONAL]

Applicant: *Fill in your name, address, social security number, degree and department before giving this form to the person recommending you for a graduate assistantship.*

Name	**MC Student ID**	**Degree Sought**
Address		**Program**
City	**State/Zip**	**Phone**

Waiver of Access: I agree that this recommendation will remain confidential.

Signature of Applicant (Optional)

1. How well do you know the applicant? How long and in what capacity?

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Interpersonal Skills					

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I would strongly recommend for			
I would recommend for			
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Indicate Applicant=s promise for success in a graduate program.	**Outstanding**	**Above Average**	**Average**	**Poor**

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