SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
DEPARTMENT OF THEATER

GRADUATE ASSISTANTSHIP APPLICATION

Name_____ Social Security #_____
last first middle

Address_____ Phone_____

* Address_____ Phone_____
*List name and phone number of contact person during vacations or the summer.

Gender_____ Age_____ Height_____ Weight_____ Health_____ Marital Status_____

Expected date of graduation (SIUC)_____ Degree expectation M.F.A. Ph.D.

Education (universities, colleges, or conservatories attended):
Dates institution and location Major Degree Name Date conferred

Teaching experience or capabilities (list in order of proficiency and preference):

Technical theater experience or skills (list type of experience. theaters, starting and ending dates):

Other theater experience or skills:

Special talents (indicate talent and proficiency for singing, dancing, playing musical instruments, dialects, etc.):

Use reverse if necessary

It is my understanding that I have to be duly admitted to the Graduate School of Southern Illinois University and the Department of Theater before I can be considered for an assistantship or any other financial aid, and that such admissions is conditional to submitting an application for admission, official transcripts of institutions previously attended, and three letters of recommendation from former or present instructors.

Date: _____ Signature: _____

Print Name: _____