

GONZAGA UNIVERSITY
Graduate Assistant Application—FAX (509) 324-5964
Doctoral Program in Leadership

Name _____ SS number _____

Address _____ email _____

_____ Work phone _____ Home _____

GA credits requested _____ For which term _____ Expected enrolled credits _____

(Generally, students are eligible for Graduate Assistantship credits for only one third of the credits the student enrolls in during a term)

Total number of Ph.D. credits completed prior to the term covered by this request _____

Total Ph. D.-GA credits (from all Gonzaga sources) for the semester prior to the one covered by this request. _____ Total GA credits for ALL semesters prior to the term covered by this request _____

Any assistance you receive (from employers, grants, government programs, etc.) that can be used to pay for tuition or related expenses. Please provide details on amounts and conditions.

Current employment status, including approximate number of hours you work per week, position title, and any employment changes that have implications for need.

Adjusted gross income (last line on first page) reported to the IRS during the last year for which a Federal tax form was submitted. Income _____ Year _____ Dependents _____

State need for Graduate assistantship Credits. (use back if more space is needed).

Signature

GAform 6/9/98

Date