BOSTON COLLEGE

LYNCH SCHOOL OF EDUCATION
CAMPION HALL 103
CHESTNUT HILL, MA 02467–3813

APPLICATION FOR GRADUATE ASSISTANTSHIP

Please print or type

❑ Prospective student
(submit this form with your application)

❑ Current student
(submit this form to Department offices by Feb. 1)

Assistantships are typically awarded in the spring for the following academic year. They are generally awarded only to full-time students.

NOTE: Fill out this application and attach a résumé

Social Security Number ☐☐☐–☐☐–☐☐☐☐

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER/STREET CITY/STATE ZIP

Email _____ Telephone _____ _____
HOME WORK

Program of study _____ Degree _____

Semester/Year of enrollment _____

Please indicate your interest(s) in the types of assistantships

☐ ADMINISTRATION

☐ RESEARCH

☐ TEACHING (COLLEGE LEVEL)

SUPERVISION OF STUDENT TEACHERS
(requires 2-3 yearsof school teaching experience)

☐ PRESCHOOL

☐ ELEMENTARY

☐ SECONDARY

If you have held a prior assistantship at Boston College, please provide the following information

Year _____ Type ❑ ADMINISTRATION ❑ RESEARCH ❑ TEACHING ❑ SUPERVISION OF STUDENT TEACHERS

Year _____ Type ❑ ADMINISTRATION ❑ RESEARCH ❑ TEACHING ❑ SUPERVISION OF STUDENT TEACHERS

On a separate sheet of paper, please provide the following information (relevant experiences only)

TEACHING EXPERIENCE dates, schools, positions/titles, grade levels, supervisors/contact persons
CLINICAL EXPERIENCE dates, facilities, positions/titles, tasks, supervisors/contact persons
RESEARCH EXPERIENCE dates, projects, positions/titles, tasks, supervisors/contact persons
COMPUTER SKILLS
OTHER SKILLS (including languages and levels of proficiency)
ANY COMMENTS

Your résumé will suffice if it includes the above information

Signature of applicant _____ Date _____

A faculty member may wish to review your graduate transcript as part of reviewing this application. Please indicate your permission to allow this review by initialing here _____