

# APPLICATION FOR MASTER'S LEVEL ASSISTANTSHIP

PLEASE PRINT CLEARLY

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Preferred E-mail Address: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Program of Study: \_\_\_\_\_

Total Credits Completed: \_\_\_\_\_ Present CUM: \_\_\_\_\_

Are you able to commit to 8-10 hours of work per week during the regular work week (Monday-Friday)?  Yes  No

Are you able to commit to some evenings of work per week?  Yes  No

If yes, which evenings? \_\_\_\_\_

Do you anticipate any changes to your schedule over the next semester which would make the weekly commitment of 8-10 hours more difficult (e.g. student teaching, switch to evening work)?  Yes  No

If yes, please explain: \_\_\_\_\_

Master's Level Assistantships involve 8-10 hours of work per week (120 hours total each semester) in return for three credits of your tuition will reimbursed each semester. All Chestnut Hill College Assistants are expected to register for a minimum of 6 credits per semester and to maintain a cum of at least 3.25. Placements for Assistantships renew on a yearly basis.

**This application is for (circle one):** Fall Spring Summer

I have read the above written policy and understand that I **must reapply each academic year.**

\_\_\_\_\_  
Student Signature Date

**REQUEST/APPROVAL and**

**Note: A job description must be provided by the department requesting the assistantship prior to approval acceptance procedures. No exceptions.**

Job Description Provided:  Yes  No

\_\_\_\_\_  
Signature of Assistantship Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assistant to the Dean, SGS

\_\_\_\_\_  
Date

Student Accounts Notified On: \_\_\_\_\_ (Please attach a copy of Student Accounts e-mail notification for file)

**Copies to:** Supervisor, SGS Office