## Application for Graduate Assistantship North Dakota State University Department of Communication (701) 231-7705

Date of Application			
Legal Name			
Present Mailing Address			
Phone Number	Email		
When do you plan to enroll at NDS	U? Semester	Year	
List prior, most recent related wor	k experience:		
POSITION HELD AND LOCATION		<u>EXPERIENCE</u>	DATE
Please submit the following with y	our application:		
Lette	r of Application		
Resu	me		
Teac	hing Philosophy Stat	ement (250 words or less)	
Send all materials to: Dr. Mark Me			
Director of G Ehly 202	iraduate Teaching A	ssistants in Communication	l
•	P.O. Box 6050		
Fargo, ND 58	3108-6050		