

Graduate Assistantship in Public Health

The University of Tennessee
Department of Public Health
1914 Andy Holt Avenue, HPER 390
Knoxville, Tennessee 37996-2710
865-974-5041

- MPH
 MS/MPH
 PHD

APPLICATION FORM

Attach resume if available

Job description available in the Graduate Assistant Handbook at <http://gradschool.utk.edu/asstshipfunds.shtml>

Name:

Last First M. Initial

Citizenship:

Date of Birth:

Place of Birth:

City State

Permanent Address:

Street City State Zip Code

Present Address: (If different from above)

Street City State Zip Code

Summer Address: Give dates ()

Street City State Zip Code

Telephone Number: (Include area code)

Home/Cell: Work: Ext. No:

E-mail Address:

ACADEMIC PREPARATION:

College/University	Degree	Date Awarded	Major
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If no prior graduate degree has been earned, please list graduate courses completed at other universities and credit hours:

Course and University Name	Credit Hours

WORK EXPERIENCE: (Restrict to part-time or full-time professional positions. Specify the job performed).

1.
2.
3.

CERTIFICATIONS/REGISTRATIONS/LICENSES:

1. Health Professions Registrations/Licenses: (Indicate type, dates, states)

2. Other Certifications: (Indicate if CHES, CPR, FA)

COMPUTER SOFTWARE EXPERIENCE: (Including Blackboard Learning System)

PROFESSIONAL PUBLICATIONS or RESEARCH PRESENTATIONS:

REFERENCES:

Provide full names, addresses, telephone numbers, and official positions of at least three persons who are acquainted with you and who are qualified to rate your scholarship and work experience.

- 1.
- 2.
- 3.

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I understand that withholding the information requested in this application or giving false information may make me ineligible for receiving a graduate assistantship at The University of Tennessee. With this in mind, I certify that the above statements are correct and complete.

Date Signature

(By typing in your name, you attest that all of this information is correct and truthful.)

All qualified applicants will receive equal consideration for employment and admissions without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status.

Eligibility and other terms and conditions of employment benefits at The University of Tennessee are governed by laws and regulations of Eligibility and other terms and conditions of employment benefits at The University of Tennessee are governed by laws and regulations of

In accordance with the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, The University of Tennessee affirmatively states that it does not discriminate on the basis of race, sex, or disability in its education programs and activities, and this policy extends to employment by the University.

Inquiries and charges of violation of Title VI (race, color, national origin), Title IX (sex), Section 504 (disability), ADA (disability), Age Discrimination in Employment Act (age), sexual orientation, or veteran status should be directed to the Office of Equity and Diversity (OED), 1840 Melrose Avenue, Knoxville, TN 37996-3560, telephone (865) 974-2498 (V/TTY available) or 974-2440. Requests for accommodation of a disability should be directed to the ADA Coordinator at the Office of Equity and Diversity.