

**To the applicant:** This form and the required attachments must be sent to the department in which you want to major.

UFID (if known)	Last Name	First Name	Middle Name
Current Address			
Home Telephone	Work Telephone	Fax	E-Mail
Gender		Birthdate (Month/Day/Year)	
Major Department		College	
Degree Goal		Area of Speciality	
Languages Known		Reading?	Writing?

**Note:** Florida law requires non-US teaching assistants to demonstrate oral proficiency in the English language. International students from non-English-speaking countries must present an adequate score on the Test of Spoken English (TSE) to hold a teaching assistantship at the University of Florida. Refer to the UF Graduate Catalog for further information.

**Check type of support sought:**

- Graduate Fellowship
- Graduate Research Assistantship
- Graduate Teaching Assistantship

**Check the first semester for which support is sought:**

- Fall            20 \_\_ \_\_
- Spring        20 \_\_ \_\_
- Summer A     20 \_\_ \_\_
- Summer B     20 \_\_ \_\_

- |  |     |    |
|--|-----|----|
| Have you previously held an assistantship at UF?               | Yes | No |
| Have you previously held a fellowship at the UF?               | Yes | No |
| If you listed a work telephone above, may we call you at work? | Yes | No |

Below, list three faculty members who are familiar with your work and have been asked to send recommendation letters directly to your department. Three letters are required. At least one letter should refer to your most recent studies. Additional informal letters may be submitted as well. Letters may be typed on letterhead and attached.

Recommender Name	Title	Institution	Telephone

On a separate sheet of paper, write a brief essay about any additional qualifications you may have for the appointment you are seeking. Include details about such things as employment experience, teaching experience, laboratory experience, research writing, artistic creation, inventions, travel and other relevant skills. Also provide a brief description of your plans after completing your graduate education.

I certify that the information on this form and the attached materials is truthful and accurate to the best of my knowledge:

APPLICANT SIGNATURE

DATE

**PLEASE MAIL THIS FORM DIRECTLY TO YOUR MAJOR DEPARTMENT AT THE UNIVERSITY OF FLORIDA (GAINESVILLE FL 32611 USA)**

**TO CLEAR ALL ENTRIES ABOVE AND RESET THIS FORM, CLICK HERE.**