

APPLICATION FOR GRADUATE ASSISTANTSHIP

Deadline: March 15

Department of Health, Exercise Science and Recreation Management
The University of Mississippi
University, MS 38677

YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL YOU HAVE BEEN ADMITTED IN FULL
STANDING TO A GRADUATE PROGRAM IN THE DEPARTMENT OF HEALTH, EXERCISE SCIENCE,
AND RECREATION MANAGEMENT.

Name _____ Social Security Number _____

Current Mailing Address _____ Phone _____

Permanent Mailing Address _____ Phone _____

E-Mail Address _____ Fax No. _____

Contact Person _____ Phone _____

Address _____

Check the degree to which are you applying.

M.S. in Exercise Science
 M.S. in Health Promotion

M.A. in Park & Recreation Management
 Ph.D. in Exercise Science

In the space below, please write a brief statement of your professional goals and how a graduate assistantship would help you accomplish these goals.

Research and/or Professional Field Experience (please describe):

Current Membership in Professional Organizations:

TYPES OF GRADUATE ASSISTANTSHIP POSITIONS

Appointments range from 20 hours/week (½ time) to 10 hours/week (¼ time). Current stipends range from \$7200.00-\$7600.00 per 9 months for ½ time appointment. Tuition waivers are included.

Please check all positions for which you wish to be considered.

___ **Graduate Instructor:** An appointment to serve as the primary instructor of exercise leisure activity courses and/or undergraduate lecture courses.

___ **Graduate Teaching Assistant:** An appointment to serve as a proctor for a laboratory or discussion session, or as a grader. A teaching assistant is not responsible for assignment of final grades in a course.

___ **Graduate Administrative Assistant:** An appointment to perform various types of administrative or service tasks for an academic department or university office or program.

___ **Graduate Research Assistant:** An appointment made by an academic department, research institute, or faculty member (having a funded research project) to assist in performing various types of research activities.

Please indicate your ability to teach each of the following in the “RATING” column below.

4—Extremely Competent: I have experience teaching this activity/course. I have the knowledge, skills, and abilities necessary to teach this class. I have current certifications (if applicable) associated with this course. I am very confident that I can teach this activity/course.

3—Competent: I have experience with this activity/course. I have some knowledge, skills, and abilities necessary to teach this activity/course. I am confident I can teach this activity/course.

2—Somewhat Competent: I understand the basics of this activity/course. I possess minimum knowledge, skills, and abilities to teach this activity/course. I need considerable assistance in teaching this activity/course.

1—Minimum/Not Competent: I have never participated in or taught this activity/course.

| ACTIVITY/COURSE | RATING | CURRENT CERTIFICATIONS |
|--|--------|------------------------|
| Aerobic Exercise | | |
| Aqua Aerobics | | |
| Conditioning Activities | | |
| Jogging | | |
| Racquetball | | |
| Swimming | | |
| Tennis | | |
| Resistance Exercise Training | | |
| Martial Arts | | |
| Golf | | |
| Self Defense | | |
| Youth Sports/Coaching | | |
| Relaxation Techniques/Yoga | | |
| Fitness Walking | | |
| Backpacking | | |
| Outdoor Living Techniques | | |
| Camping | | |
| Hiking | | |
| Canoeing | | |
| Kayaking | | |
| Ropes/Climbing | | |
| Lifeguard (current LGI) | | |
| Lifeguard Instructor (current LGIT) | | |
| Water Safety Instructor (current WSIT) | | |
| First Aid (current instructor certified) | | |
| CPR | | |
| Personal Health | | |
| Exercise Testing & Prescription Lab | | |
| Exercise Physiology Laboratory | | |
| Kinesiology Laboratory | | |
| Others (please list) | | |
| | | |
| | | |
| | | |
| | | |

Current Professional Certifications not listed on the previous activity/course table:

Use the space below to describe your classroom teaching experiences.

The University of Mississippi is an EEO/AA/ADA/ADEA/Titles VI and IX/Section 504 Employer.

Please return this form, a copy of your vitae, and the names and contact information of three references to:

HESRM Department
The University of Mississippi
P.O. Box 1848
Turner Center 215
University, MS 38 677-1848
Phone: (662) 915-5527, E-mail: sgowens@olemiss.edu