Fairfield UNIVERSITY

Name:_____
          Last (print)   First   Middle

Student Identification Number:_____

For Academic Semester:_____(Note: applicants must reapply each semester)

Home Address:_____
                  Street   City   State   Zip Code

Home Phone: (_____)_____   Cell Phone: (_____)_____

Email: _____

Business Address:_____
                    Street   City   State   Zip Code

Please indicate your UNDERGRADUATE SCHOOL(S) and MAJOR/MINOR:

School:_____Major:_____Minor:_____

School:_____Major:_____Minor:_____

Date Graduated:_____ Degree:_____

Please indicate the Graduate Program you have been admitted to: _____

Are you a MA ◯ or SYC ◯candidate?

1. Describe any experience you have had in this area:

   _____

   _____

2. List your computer skills and office experiences:

   _____

   _____

3. Describe your experience in tutoring or teaching:

   _____

   _____

4. Describe any foreign language you use and/or have studied:

   _____

5. Check times you are available to work: ◯8:30 am to noon   ◯ noon to 4:30 pm

6. When would you be available to interview?_____

7. If you have been a graduate assistant for SEHD before, please answer the following questions:
   When_____ What program area_____

RETURN TO SEHDCommunication@Fairfield.edu

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