

Graduate Assistantship Application

Department of Human Performance and Health Education

Contact/Residency Information

WIN#:

Last Name: **First Name:** **MI:** **Title:**

Permanent Address:

City: State: Zip Code: Country:

Local Address:

City: State: Zip Code:

Telephone: **E-Mail:**

State in Which You Claim Residency: **Country of Citizenship:**

Application Information

Graduate Admissions Application Submitted on: **Application Status:**

Graduate Program Applied to: **If Accepted, Date:**

List all post secondary educational institutions attended starting with the last school attended:

Degree:	Major:	Institution:	State:	Dates Attended:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If not yet graduated, expected graduation date:

Grade Point Average: for hours

Prior Experience

Indicate Professional Certification(s) i.e., Teacher's Certificate, ACSM, WSI, CPR, First-Aid, etc.:

Professional Experience (Give employers, dates of employment, and level of work. Most recent or current position first.)

Related Experience (Other agencies, volunteer work, research, playing experiences, coaching, teaching, lab work):

Honors Received (Scholarships, Honors, Athletic Achievements, Scholastic Achievements):

List three (3) former professors or employers (and their phone number and/or email) acquainted with your academic abilities who have agreed to send letters of recommendation:

Name:

Organization:

Telephone:

E-Mail:

Teaching Competencies

In the space provided to the left of each activity, rate your proficiency and ability to teach that particular activity. Place a (1) by those in which you are most proficient, a (2) by those in which you have adequate skills and would be able to teach if needed, and a (3) by those about which you know very little. Please be honest, but generous in estimating your skill proficiency in these activities.

Physical Activities:

<input type="text"/>	Aerobic Dance
<input type="text"/>	Aquatic Fitness
<input type="text"/>	Badminton
<input type="text"/>	Circuit Fitness
<input type="text"/>	Golf, Beginning
<input type="text"/>	Gymnastics/Tumbling
<input type="text"/>	Karate
<input type="text"/>	Officiating
<input type="text"/>	Physical Fitness
<input type="text"/>	Racquetball
<input type="text"/>	Relaxation
<input type="text"/>	Soccer
<input type="text"/>	Step Aerobics
<input type="text"/>	Swimming
<input type="text"/>	Tennis
<input type="text"/>	Track & Field
<input type="text"/>	Volleyball, Beginning
<input type="text"/>	Wall Climbing
<input type="text"/>	Weight Training

Laboratory Assistance:

<input type="text"/>	Special Physical Education
<input type="text"/>	Athletic Training
<input type="text"/>	Basic Health Concepts
<input type="text"/>	Biomechanics
<input type="text"/>	Exercise Physiology
<input type="text"/>	Fitness Assessment/Testing
<input type="text"/>	Motor Learning/Development
<input type="text"/>	Videotape Student Teachers

Computer Skills:

<input type="text"/>	IBP/PC
<input type="text"/>	Macintosh
<input type="text"/>	MS Word
<input type="text"/>	MS Excel
<input type="text"/>	MS PowerPoint
<input type="text"/>	SPSS Statistical Package

Personal Statement

Please use the space on the back of this page to explain how a graduate assistantship at Western Michigan University would be beneficial to you personally and professionally:

Signature:

Date:

Submit completed application form and reference letters to:

Dr. Yuanlong Liu
Department of Human Performance and Health Education
Western Michigan University
1903 West Michigan Avenue
Kalamazoo, MI 49008-5426