

Saint Louis University School of Nursing
3525 Caroline Mall, St. Louis, Missouri 63104-1099 USA
schneijk@slu.edu, 314-977-8937

GRADUATE STUDENT APPLICATION FOR AN ASSISTANTSHIP

Name: _____ Student ID No.: _____ Date: _____
(Family Name) (First Name)

Email Address: _____ Tel # _____

Mailing Address: _____

Nursing Degree Program (PhD, DNP, MSN-Advanced Practice, Accelerated MSN-Generalist): _____

Clinical Specialty/Teaching/Research Experience: _____

Semester(s) for which an appointment is requested: _____

Number of hours/week requested (Parttime: 10hrs/wk; Fulltime: 20hrs/wk): _____

List all semesters for which you have already been appointed: _____

Month/Year starting the program: _____ Anticipated Graduation Date: _____

Please indicate in which of the following assistantships you would be interested:

- TEACHING: Assisting faculty with pre-licensure students (e.g., in a clinical simulation lab at the School of Nursing or supervised with pre-licensure students at a clinical setting.)
- RESEARCH: Assisting one or more faculty members in conducting research projects.
- GRADUATE: Assisting one or more faculty members in conducting scholarly projects.

A viable applicant for an assistantship must have been accepted as a classified (degree seeking) student at the School of Nursing or already be a classified student. The applicant cannot be a post-master's certificate student.

NOTE: Please return this application to Dr. Joanne K. Schneider in SON 432 OR schneijk@slu.edu
OR FAX 314-977-8817

Date: _____ Signature: _____