

**APPLICATION
FOR RESEARCH
ASSISTANTSHIP**
(Full time students only)



Mr. _____
Ms. _____

Last Name First Middle Initial Social Security Number

Present Address _____ () _____

Number Street City State Zip Code Phone: Area Number

Permanent Address _____ () _____

Number Street City State Zip Code Phone: Area Number

e-mail Address _____

1. Date of this application:

Month Year

2. Starting date of requested assistantship:

Month Year

3. Graduate emphasis (choose one):

- a) Exercise Physiology - Metabolic
- b) Exercise Physiology - Neuromuscular
- c) Exercise Psychology
- d) Motor Control
- e) Nutrition, Physical Activity, & Disease
- f) Sport Psychology

4. Are you now attending Graduate Studies at TCU

Yes ____ No ____

5. If not, have you applied for admission to the College of Nursing and Health Sciences, Graduate Studies Program?

Yes ____ No ____

6. List the institution(s) where you have obtained (or will obtain) a degree:

Institution Degree Date Obtained

7. List names and e-mails of 3 persons who will send recommendations to support this application.

Name

Title or Position

e-mail

Name

Title or Position

e-mail

Name

Title or Position

e-mail

I certify that the information submitted on this application is true and correct.

Signature Date

Personal Statement

On a separate sheet, in narrative form, address the following:

- Describe your academic and professional experience in the your intended area of emphasis, including research activities and employment but not coursework.
- Applicants are strongly encouraged to identify and have a “research fit” discussion with a potential mentor within the department prior to applying. In your statement, please indicate the faculty member who you would like to work with on your thesis project and discuss how your research interests align with the the faculty member's areas of emphasis.
- Describe how earning a master’s degree from TCU will help you achieve your educational and/or career goals.
- Include a copy of your resume/CV. Application deadline is February 1.

Mail to:

TEXAS CHRISTIAN UNIVERSITY
Graduate Studies
College of Nursing and Health Sciences
TCU Box 298625
Fort Worth, Texas 76129
817-257-6750
FAX 817-257-6751

This Area for Official Use Only
Recommendation of Graduate Studies,
College of Health and Human
Sciences

____ Award a Research Assistantship

____ No appointment available

____ Hold for later consideration

Signature Date

TCU is an equal opportunity university and, as required by Title IX and other laws and regulations, does not discriminate on the basis of sex, race, or ethnic origin.