

University of Idaho
Department of Movement Sciences Division of Athletic Training
APPLICATION FOR GRADUATE ASSISTANTSHIP

Graduate assistantships are academic merit based award programs which provide students with work opportunities in a job closely related to the academic field of study. Students with graduate assistantships will receive a stipend and competitive tuition package. Assistantship applications received prior to February 1 (for the Summer Semester) will be given priority consideration. Assistantships are available to graduate students who have been accepted into one of the following degree programs (Doctor of Athletic Training, Ph.D in Exercise Science, Ph.D in Neuroscience). Probationary students are not eligible to hold graduate assistantships. Please mail applications to: Cindy Blum, University of Idaho, 875 Perimeter Drive MS 2401, Moscow, ID 83844-2401

Application for: 20____ Summer Name: _____
Last First Middle Initial

Mailing Address: _____
Street City State Zip

E-mail address: _____

Daytime Phone:(____) _____ Evening Phone (____) _____

Previous Degree(s) Received:
UNDERGRADUATE/GRADUATE MAJOR INSTITUTION(S) MONTH/YEAR COMPLETED

Number of credit hours you have completed in the graduate program: _____ Current GPA: _____

If a current student, please list the courses for which you have registered or plan to register for next semester:

Course:

Date of anticipated graduation: ____Fall ____Spring ____Summer 20____

Complete the attached teaching preference sheet. Also attach a resume, a copy of relevant certifications, and a letter of application that addresses how an assistantship will assist you in attaining your personal goals in graduate study. Also, describe other experiences or skills which may be relevant to your application.

Three letters of recommendation are required with the assistantship application. Each of the persons should be well acquainted with your educational background, intellectual abilities, and personal character, and should be able to address your competence in teaching the content you have identified.

Signature

Date

Name _____

TEACHING PREFERENCE SHEET

INSTRUCTIONS: Check areas which represent your teaching strengths. Only check areas in which you have ability, knowledge, and skill necessary to teach a course in this subject area. Provide evidence of any certifications that support your teaching ability.

Teaching	Teaching Level of Expertise			Certification
	BEG.	INTERM.	ADV.	
Academic Classes				
Advanced Exercise Phys				
Advanced Human Biomech				
Applied Rehabilitation				
Care and Prevention of I&I				
Clinical Anatomy I				
Clinical Anatomy II				
Clinical Education				
Clinical Experience				
Current Issues in Clinical Practice				
Ethics and Administration in AT				
Eval & Diagnosis of I&II				
Eval & Diagnosis of I&III				
General Med for ATS				
Pharm for ATS				
Prevention & Health Prom in AT				
Principles of Rehabilitation				
Psych of Injury				
Research Methods and Stats				
Research Methods and Stats				
Research Presentation				
Research Proposal				
Seminar in AT I				
Seminar in AT II				
Therapeutic Modalities				
Therapeutic Modalities II				
Clinical Skills and Qualifications				
FMS (Functional Movement Screen)				
SFMA (Selective Functional Movement Assessment)				
Strain Counterstrain or Positional Release Therapy				
Mulligan Concept				
Mechanical Diagnosis and Treatment				
Associative Awareness Techniques				
Primal Reflex Release Techniques				
Concussion				
Heat Illness				
First Aid and CPR Instructor				
Other Skills and Training				

