



Department of Applied Health

Thank you for your interest in a Graduate Assistantship Position with the Department of Applied Health. Please keep in mind GA's will be assigned as deemed fit by faculty within the department to a variety of tasks including teaching activity courses, working in clinics and labs, and working as teaching assistants in both undergraduate and graduate courses.

Please submit a single PDF DOCUMENT with the following information to apply for a GA position in the Department of Applied Health

1. Cover Letter
2. Application Form
3. Resume
4. One page (single spaced) letter explaining any experiences you have had that will help you be successful in the position of a graduate assistant in the Department of Applied Health. Information related to ability to take direction, teach in a classroom, conduct research and/or working in a collaborative environment is of particular interest.

**SEE PAGE 2 & 3 OF THIS DOCUMENT FOR APPLICATION FORM**

## GRADUATE TEACHING ASSISTANT APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Semester/year to begin assistantship: \_\_\_\_\_

Undergraduate Institution: \_\_\_\_\_

Undergraduate Cumulative Grade Point Average: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

### **Which specialization do you plan to pursue? (check one)**

\_\_\_ Exercise and Sport Psychology

\_\_\_ Exercise Physiology

\_\_\_ Nutrition

\_\_\_ Public Health

### **How long do you intend to take to complete your degree?**

\_\_\_ 12 months (3 semesters)

\_\_\_ 15 months (4 semesters)

\_\_\_ 22 months (5 semesters)

### **Please indicate your ability to teach the physical activities listed below using the following scale:**

1 = cannot teach

2 = weak but could prepare to teach

3 = prepared to teach

4 = well-prepared to teach

\_\_\_ Jog/Walk    \_\_\_ Aerobic Movement    \_\_\_ Strength Training    \_\_\_ Yoga

\_\_\_ Weight Training    \_\_\_ Fitness Fundamentals    \_\_\_ Circuit Training

\_\_\_ Volleyball    \_\_\_ Softball    \_\_\_ Designing Personal Fitness Plans

Aquatics (check here  if W.S.I. certified)

Swimming  Water Aerobics

**What other physical activities would you feel qualified to teach?**

**Please indicate your ability to work within the following places**

- 1 = not comfortable in this area
- 2 = weak but could work in this area
- 3 = prepared to work in this area
- 4 = well-prepared to work in this area

Nutrition Lab

Exercise Physiology/Biochemistry Lab

Exercise Physiology Clinic

**Please indicate which of following apply to you (Check Mark if statement applies to you, leave blank if statement does not apply to you).**

Taken an Undergraduate Statistics Course

Taken an Undergraduate Exercise Assessment Course

Taken an Advanced Exercise Assessment Course

Familiar with SPSS

Taken an Undergraduate Nutrition Course

Have teaching experience. If you check this off, please list courses taught below.

**Return completed application as a single PDF document to:**

**Dr. Erik Kirk**

**[ekirk@siue.edu](mailto:ekirk@siue.edu) by February 15 at 11:59pm.**

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