**University of South Florida**

**College Student Affairs M.Ed. Program**

**Graduate Assistantship Form**

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| **Applicant Information** | |
| **USF ID#:** |  |
| **Name:** |  |
| **Street Address:** |  |
| **City, ST ZIP Code:** |  |
| **Home Phone:** |  |
| **Work Phone:** |  |
| **E-Mail Address:** |  |
| **Undergraduate Institution:** |  |
| **Undergraduate Major:** |  |
| **Top 6 Preferences** | 1. List GA Selection 2. List GA Selection 3. List GA Selection 4. List GA Selection 5. List GA Selection 6. List GA Selection |