

PERSONAL INFORMATION

Last Name			First Name			Middle Name		
Other Names Used								
Phone Number			SUU "T" Number			Date of Birth		
Local Address			City		State		Zip Code	
Permanent Address			City		State		Zip Code	
Country of Citizenship			State of Residency			E-mail Address		

SKILLS/EXPERIENCE

Rate your skills in the following areas (Excellent, Above Average, Average, Limited, None)

Written Communication			Oral Communication		
Research Skills (Library, Web, etc.)			Word Processing/General Computer Skills		
Organizational Skills			Other (list)		

RELEVANT WORK EXPERIENCE

List any experience you have in research

SUPPLEMENTAL INFORMATION

List supplemental information (employment, publications, etc.) be specific.

OPTIONAL INFORMATION

Racial/Ethnic Background
Medical/Physical limitations or special needs

CERTIFICATION

To the best of my knowledge and belief, I certify that the above information is correct and accurate. I accept the provisions of the assistantship as provided in supplemental documents.

Signature of Applicant (print full name if signing electronically)	Date
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Attach additional information and/or documentation as necessary to fully explain or clarify answers on the application. Submit completed application to paigesmith2@suu.edu or phone (435) 586-7861 for assistance.