

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	
<i>Rate your skills in the following areas (Excellent, Above Average, Average, Limited, None)</i>	
Written Communication	Oral Communication
Research Skills (Library, Web, etc.)	Word Processing/General Computer Skills
Organizational Skills	Other (list)

RELEVANT WORK EXPERIENCE
<i>List any experience you have in research</i>

SUPPLEMENTAL INFORMATION
<i>List supplemental information (employment, publications, etc.) be specific.</i>

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

Attach additional information and/or documentation as necessary to fully explain or clarify answers on the application.
Submit completed application to tammimiller@suu.edu or phone (435) 586-7861 for assistance.