



COLLEGE OF ARTS & SCIENCES
DEPARTMENT OF MATHEMATICS
GRADUATE ASSISTANTSHIP APPLICATION

Answer all questions completely and sign and date this form where indicated (digital signature is acceptable). Please attach a copy of your transcript to the application. International students should include their TSE (or TOEFL) score.

Position: For what position(s) are you applying? _____

Semester: For what semester are you applying? _____

Personal Information:

Name: _____
Last First MI

Address: _____
Street City State ZIP

Email Address: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Educational Record

College/University Date Credit Hours Major/Minor Degree GPA

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The University of Nebraska at Omaha adheres to the equal employment opportunity guidelines set forth by state and federal laws. The information contained on this form is sought in good faith and will not be used in any way to discriminate against any application on the basis of race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment.

Employment History

_____ Employer	_____ Date	_____ Duties
_____ Employer	_____ Date	_____ Duties
_____ Employer	_____ Date	_____ Duties
_____ Employer	_____ Date	_____ Duties
_____ Employer	_____ Date	_____ Duties

Publications/Creative Work

Please provide full references to any publications and/or creative project you have produced.

Professional References

At least **two** letters of recommendation are required. Please indicate the names of your references below, and arrange for them to send their letters to the Graduate Program Chair (contact details below).

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

I certify that the information provided is accurate to the best of my knowledge; that I am currently admitted to the UNO College of Graduate Studies; that I am ___ am not ___ a citizen of the United States. I understand that any wages earned are subject to State, Local, and Federal taxes and authorize the University to deduct those required. I understand that any falsification of this form can be cause for termination and authorize and request each and every former employer, person, firm, or corporation to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records. I understand my rights are protected as prescribed by law.

Signature: _____ Date: _____

Please send all materials to: **Dr. Andrew Swift, Graduate Program Chair Department of Mathematics, University of Nebraska at Omaha, 60001 Dodge St., Omaha, NE 68127** via mail or email to aswift@unomaha.edu.

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