

PHD PROGRAM IN DISABILITY STUDIES APPLICATION FOR GRADUATE APPOINTMENT

Instructions: Complete this application if you are applying for a research assistantship or graduate traineeship. Students must register for a minimum of 8 credits to be eligible for consideration. Include this form and resume or CV with all other application materials.

Beginning: _____
(semester/year)

Name in full (do not use initials)

☐ Ms.

☐ Mr.

_____ (last)

_____ (first)

_____ (middle)

Mailing Address: _____

Permanent Address: _____

Phone Number & E-mail: _____

Place of Birth: _____ Citizenship: _____

Date of Birth: _____ Social Security Number: _____

Please attach a detailed resume or CV which highlights your academic training, professional experience, research background, and other relevant skills, achievements, and awards.

Recommendations

Three letters of recommendation are required for candidates to be considered for graduate appointment. Three forms are contained in this application packet. A graduate appointment will not be considered unless there are three recommendations on file by the deadline date. Please list the names and addresses of your recommenders below.

1. _____

2. _____

3. _____

Are you related, by blood or marriage, to any member of the Board of Trustees, faculty or staff of the University of Illinois at Chicago?

If so, name: _____ Relationship: _____

Position (include department): _____

I agree that if I am employed by the University of Illinois at Chicago I will adhere to and be bound by all laws of the State of Illinois affecting such employment, the University of Illinois at Chicago statutes, the General Rules Concerning University Organization and Procedures adopted by the Board of Trustees, and any and all other applicable rules and regulations of the University, its Board of Trustees, or its duly authorized administrators. I understand that it is a condition of such employment that I be enrolled in graduate studies at the University of Illinois at Chicago, and I therefore further agree that such employment may be terminated by the University at its option, without notice, if I cease to be registered for such studies.

I have read the instructions for submitting an application and I certify that the above statements are correct and complete.

Signature: _____

Date: _____