

**SCHOOL OF HEALTH, PHYSICAL EDUCATION & LEISURE SERVICES
APPLICATION FOR GRADUATE ASSISTANTSHIP**

Date _____

1. Name (in full) _____ Social Security Number _____

Present Address

Permanent Address

Telephone

Intended Major and Area of Emphasis:

___ **Master of Arts in Health Education**

Emphasis Areas

 ___ *Health Promotion/Fitness Management*

 ___ *Community Health Education*

 ___ *School Health Education*

___ **Master of Arts in Physical Education**

Emphasis Areas

 ___ *Teaching/Coaching*

 ___ *Scientific Bases*

 (Motor Behavior & Exercise Physiology tracts available)

___ **Master of Arts in Leisure Services**

Emphasis Areas

 ___ *Leisure Services Program Management*

 ___ *Youth/Human Service Agency Administration*

3. For what academic year/semester is this application made? _____

4. Educational Background

<u>College or University</u>	<u>Dates</u>	<u>Major</u>	<u>Degree</u>	<u>Year Awarded</u>
_____	19__ to ____	_____	_____	_____
_____	19__ to ____	_____	_____	_____
_____	19__ to ____	_____	_____	_____

5. Professional Certification and/or Licensure: (Please identify)

- | | | |
|-----------------------------------|------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> First Aid | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> CPR | <input type="checkbox"/> Registered Dietitian |
| <input type="checkbox"/> NATA | <input type="checkbox"/> ACLS | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> WSI | <input type="checkbox"/> ACSM | <input type="checkbox"/> Dental Hygienist |

Other

If you hold a teaching certificate, list name of certificate and the state in which issued:

6. Honors and Activities: List any scholastic or professional honors, including membership in honor societies. List important extracurricular activities in which you have participated and which you think will enhance your ability to make a contribution to the School of HPELS.

7. Professional Work Experience in Health, Physical Education and/or Leisure Services (List subjects/activities taught in teaching/coaching area.)

<u>Employing Institution or Agency</u>	<u>Dates</u>		<u>Position/Responsibilities</u>
	<u>From</u>	<u>To</u>	
_____	19__	19__	_____
_____	19__	19__	_____
_____	19__	19__	_____
_____	19__	19__	_____
_____	19__	19__	_____

8. With which University of Northern Iowa faculty members, if any, are you well acquainted?

9. Graduate Assistant Work Areas of Interest (If you have more than one interest, please rank these work areas.)

- | | |
|------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Biomechanics Research Assistant | <input type="checkbox"/> Physical Activities Teaching Assistant |
| <input type="checkbox"/> Exercise Science Lab Assistant | <input type="checkbox"/> Research/Computer Assistant (general) |
| <input type="checkbox"/> Health Research Assistant | <input type="checkbox"/> Special Events Programming |
| <input type="checkbox"/> Motor Learning Research Assistant | <input type="checkbox"/> Sport Psychology Research Assistant |
| <input type="checkbox"/> Personal Wellness Lab Assistant | <input type="checkbox"/> Wellness Promotion Program Assistant |

Briefly explain any special interests and/or expertise you think you would bring to the responsibilities in which you have indicated interest:

10. Teaching Areas. Using the scales given below, please rank the activities in regard to competence to teach and interest level.

Competence

4 = High Competence (could teach, supervise, 3 = High Interest or possess high skill level)

3 = Satisfactory Competency (could assist, could teach some) 1 = No Interest

2 = Some Competence (could only assist)

1 = No Competence

Interest

2 = Moderate Interest

ACTIVITY	COMPETENCE				INTEREST			
	4	3	2	1	3	2	1	
AQUATIC ACTIVITIES								
Aqua Trim								
Swimming & Conditioning								
Swimming								
Canoeing								
DANCE ACTIVITIES								
Ballet								
Ballroom Dance								
Folk Dance								
Jazz Dance								
Modern Dance								
FITNESS ACTIVITIES								
Aerobic Activities								
Aerobic Dance								
Circuit Training								
Kickboxing								
Personal Conditioning								
SPORTS & LEISURE ACTIVITIES								
Backpacking								

Badminton								
Bicycling								
Cross Country Skiing								
Fencing								
Golf								
Judo								
Karate								
Orienteering								
Other Martial Arts								
Racquetball								
Rock Climbing								
Self Defense								
Tennis								
Volleyball								
Weight Lifting								

11. What are your future professional goals and how do you see graduate work contributing to accomplishing your goals? (Attach another sheet if necessary.)

Feel free to attach a personal data sheet (vita) which will provide additional information on background and ability.

Applications are due February 1. Send all applications to:

Julee Jacobson, Secretary of Graduate Studies
203 WRC
University of Northern Iowa
Cedar Falls, IA, 50614-0241