



HAIGAZIAN UNIVERSITY

Application for Graduate Assistantship

Note: According to university regulations, students who are awarded a half-time graduate assistantship are expected to work 10 hours per week in an academic department. The award covers 50% of the tuition. Students are usually selected on the basis of high academic record and their value to the Department. The GA does not cover the practicum courses and the thesis.

I. PERSONAL INFORMATION

1. Full Name _____ / _____ / _____
Last _____ First _____ Middle (or Father's Name) _____
2. Date of Birth _____ / _____ / _____
Day _____ Month _____ Year _____
3. Place of Birth _____
4. Nationality _____
5. Current Mailing Address _____
Building _____

Street _____

City _____ / _____ Country _____ / _____ Zip Code _____

Telephone _____
6. Permanent Address _____
Building _____

Street _____

City _____ / _____ Country _____ / _____ Zip Code _____

E-mail Address _____

II. EDUCATIONAL BACKGROUND (starting with high school and above)

Name of College/University Location (City and Country) Major Degree Received Date Received or Expected

III. PROFESSIONAL EXPERIENCE (Teaching and other)

1. _____ / _____
Name and Address of Organization _____ Date _____

Position and Work Description _____
2. _____ / _____
Name and Address of Organization _____ Date _____

Position and Work Description _____

IV. PROFESSIONAL PUBLICATIONS (e.g. papers, books) Attach sheet if necessary.

Full Title

1. _____
2. _____
3. _____

V. PROFESSIONAL OR ACADEMIC HONORS/AWARDS

	Title/Designation	Institution	Date
1.	_____ / _____	_____ / _____	_____ / _____
2.	_____ / _____	_____ / _____	_____ / _____
3.	_____ / _____	_____ / _____	_____ / _____

VI. REFERENCES

	Name and Address	Title and Occupation
1.	_____ / _____	_____ / _____
2.	_____ / _____	_____ / _____
3.	_____ / _____	_____ / _____

VII. EXPECTED GRADUATION DATE

Year _____

VIII. MAJOR(S) APPLIED FOR (In order of priority)

1. _____
2. _____
3. _____

**IX. ARE YOU CURRENTLY RECEIVING ANY FORM OF FINANCIAL AID FROM OTHER SOURCES WITHIN OR
OUTSIDE HU?**

No _____ Yes _____ From _____
Amount or % _____

**X. ARE YOU EXPECTING TO RECEIVE ANY FORM OF FINANCIAL AID FROM OTHER SOURCES WITHIN OR
OUTSIDE HU?**

No _____ Yes _____ From _____
Amount or % _____

The proceeding information is a true and factual account of my vital statistical and educational background.

Signature of Applicant _____ Date _____

Once completed, email the application to: financialaidoffice@haigazian.edu.lb
Phone: +961-1-353010/1/2 (Ext. 303)