



THE GRADUATE SCHOOL
of the COLLEGE OF CHARLESTON

APPLICATION FOR APPROVAL OF
A CATEGORY B GRADUATE ASSISTANTSHIP
(Four hour enrollment)

Student Name _____ SSN _____

Application Term: Fall _____ Spring _____
year year

INDICATE YOUR DEGREE PROGRAM

<u>MA</u>	<u>M.A.T.</u>	<u>M.Ed.</u>	<u>MS</u>
____ Bilingual Legal Interp.	____ Early Childhood	____ Early Childhood	____ Accountancy
____ English	____ Elementary	____ Elementary	____ Comp/Info Sci.
____ History	____ Special Ed.	____ Special Ed.	____ Env. Studies
		____ Science & Math	____ Marine Biology
____ MPA			____ Mathematics

Total hours required to complete degree _____ Number of hours already earned toward degree _____

Please list all courses remaining in order to complete degree:
(Include all remaining course and thesis hours not yet completed.)

COURSE / No. Hours of Credit
(e.g. BIOL 650 - Seminar / 1)

EXPECTED TERM
OF COMPLETION
(e.g. Fall, 2004)

I certify that the information on the above student is accurate and complete.

Program Director Date:

Print Name / Signature

Graduate School Office Only:

_____ Student approved for four (4) hour course load for a period ending

_____ Student is NOT approved for four (4) course load. Student must enroll as a full-time, nine (9) hour student.

Dean, Graduate School Date: _____

Signature

9/10/02