

**Department of Speech
Graduate Assistantship Application: Au.D.
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Describe your major area(s) of professional interest and what you hope to accomplish in the Au.D. program. Continue on the back, if necessary.

List the names of three persons who can evaluate your work and potential as a Graduate Assistant and who would be willing to provide a reference (via telephone or in writing) for you if asked.

Name Position Address

Have you been a previous recipient of a graduate assistantship in the Department of Speech at Louisiana Tech University? Yes No

If Yes, what were the dates?

Signature _____ Applicant Name _____
(Please Print)

Date of Signature _____

**Return this application no later than May 1st to:
Dr. Sheryl S. Shoemaker, Interim Department Head
Department of Speech
Louisiana Tech University
P.O. Box 3165
Ruston, LA 71272**

**Applications for a Graduate Assistantship received after May 1st
may not be considered.**