

**FINANCIAL AID APPLICATION
DEPARTMENT OF ELECTRICAL ENGINEERING
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
YEAR _____**

Name _____

Address _____

Telephone _____

Advisor or Area of Interest _____

Preference _____ Research Assistantship _____ Teaching Assistantship

Grade Point Average Undergraduate _____ Graduate _____

Universities Attended	Major & Minor	Degree	Date Conferred	Rank/Class Size

Courses/Laboratories previously taught: _____

Courses/Laboratories you are interested in teaching: _____

Relevant work experience: _____

Honors/Awards: _____

Courses taking next semester: _____

Total months of graduate assistantship support to date: _____

For International Students:

Native Language: _____ Years of Formal English Study: _____

(For On-Campus Students Only)

Have you passed the CESL Oral English Exam (without restrictions)? Yes No