

Application for Graduate Teaching Assistantship
Department of Kinesiology
Kansas State University
Manhattan, KS 66506

I, _____, hereby apply for a graduate teaching assistantship. I agree that if I accept this appointment, I will not resign during the year for any cause except illness, without consent of the head of the department. I understand that as part of the application process, a criminal background check will be performed, per University policy.

Signed _____

Date _____

Kansas State University, in cooperation with other colleges and universities, has approved the following resolution: Students are under no obligation to respond to offers of financial support prior to April 15th; earlier deadlines for acceptance of such offers violate the intent of this Resolution. In those instances in which a student accepts an offer before April 15th, and subsequently desires to withdraw that acceptance, the student may submit in writing a resignation of the appointment at any time through April 15th. However, an acceptance given or left in force after April 15th commits the student not to accept another offer without first obtaining a written release from the institution to which a commitment has been made. Similarly, an offer by an institution after April 15th is conditional on presentation by the student of the written release from any previously accepted offer. It is further agreed by the institutions subscribing to the above Resolution that a copy of this Resolution should accompany every scholarship, fellowship, traineeship, and assistantship offer.

This application should be completed and returned to the Coordinator of Graduate Studies along with the Graduate School application and Two official copies of your transcripts

Address: Graduate Coordinator
Department of Kinesiology
1A Natatorium
Kansas State University
Manhattan, KS 66506-0302

DEPARTMENT OF KINESIOLOGY REQUEST FOR GRADUATE TEACHING ASSISTANTSHIPS (GTA)

Please consider my application for a graduate teaching assistantship in the Department of Kinesiology. I understand that if I am interested in working with the Athletic Department I must contact them directly. Below you will find my assessment of competencies in a number of different areas.

_____ (Sign) _____ (Date)

Please evaluate on a 10 (high competency) to a 1 (low competency) scale each of the following areas:

Undergraduate Kinesiology Major

Assist with the following lecture/laboratory classes:

Biobehavioral	1	2	3	4	5	6	7	8	9	10
Biomechanics	1	2	3	4	5	6	7	8	9	10
Exercise Physiology	1	2	3	4	5	6	7	8	9	10
Public Health	1	2	3	4	5	6	7	8	9	10
Exercise Testing & Prescription	1	2	3	4	5	6	7	8	9	10

LIFE Community Fitness Laboratory

Assist in corporate and community fitness programming

Program Coordination	1	2	3	4	5	6	7	8	9	10
Fitness Testing	1	2	3	4	5	6	7	8	9	10
Aerobic Dance	1	2	3	4	5	6	7	8	9	10
Flex/Tone Programs	1	2	3	4	5	6	7	8	9	10
Walk/Jog Programs	1	2	3	4	5	6	7	8	9	10
Hydro Programs	1	2	3	4	5	6	7	8	9	10

Lifetime Exercise and Sports Courses

Basketball	1	2	3	4	5	6	7	8	9	10
Aerobic Dance and Exercise	1	2	3	4	5	6	7	8	9	10
Fitness and Conditioning	1	2	3	4	5	6	7	8	9	10
Jogging	1	2	3	4	5	6	7	8	9	10
Weight-Training	1	2	3	4	5	6	7	8	9	10