

Visiting Scholar Request for Graduate Assistantship *

*For students who are completing/have completed a visiting scholar program

BIOGRAPHICAL INFORMATION

Date:

Name:

(mm/dd/yy)

Email Address:

EDUCATIONAL BACKGROUND

Highest Degree Completed:

BS

MS

Concentration:

Previous Institution(s):

VISITING SCHOLAR PROGRAM INFORMATION

Visiting Scholar Mentor:

Visiting Scholar Department:

Visiting Scholar Program Dates (approximate):

LSU GRADUATE SCHOOL INFORMATION

Degree for Which You Plan to Apply:

MS

PhD

Concentration:

Department:

Expected Start Date**:

Expected Graduation Date**:

Major Professor:

ASSISTANTSHIP FUNDING INFORMATION

Available Assistantship Funding:

Funding Source & Amount/Percent:

Grant(s):

Departmental Funds:

Scholarship:

Other- please specify:

TOTAL:

per semester
 per year

Department Contact Signature: _____

MEETING REQUEST

Reason for meeting:

Start MS program

Start PhD program

Additional Comments:

****I acknowledge that funding will be limited to a TOTAL of 5 years of study, including ONLY:
2 years of study for master's program
3 years of study for PhD program**

Student Signature: