



GRADUATE ASSISTANT INFORMATION SHEET

TODAY'S DATE:			
NAME:			
PERMANENT / HOME ADDRESS:			
CAMPUS ADDRESS: (if known)			
PHONE NUMBER(S):	HOME: _____ CELL: _____		
DEPARTMENT / SPORT:			
START DATE:		DATE OF BIRTH:	
GENDER:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
DEGREE PROGRAM:			
ANTICIPATED COMPLETION DATE:			
EMERGENCY CONTACT(S)	Name: _____ Ph: _____		
	Name: _____ Ph: _____		
PERSONAL INFORMATION / DEMOGRAPHICS			
<i>(Information provided is utilized for statistical, governmental, campus announcement, and / or accreditation reporting.)</i>			
ETHNICITY:	PLEASE SELECT FROM THE FOLLOWING: <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE, NON-HISPANIC <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE, NON-HISPANIC <input type="checkbox"/> TWO OR MORE RACES <input type="checkbox"/> RACE / ETHNICITY UNKNOWN		
EDUCATION:	SCHOOL: _____ DEGREE: _____ YR: _____		
	SCHOOL: _____ DEGREE: _____ YR: _____		
	SCHOOL: _____ DEGREE: _____ YR: _____		

Return this form to Human Resources.

Date Form Received: _____ ID#: _____ Email: _____@heidelberg.edu