



Department of Computer Science

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Graduate Assistantship Application

Please email the completed PDF to Dr. An at an@shsu.edu.

Personal Information

Full Name: _____

SAM ID (digits, if available) _____

Email (SAM Email, if available): _____

Program: _____

Current SHSU GPA: _____

Expected Graduation: _____

Assistantship Preferences

Desired semester (Fall or Spring) and year: _____

Would this be your first semester as a GA?	Yes	No
Are you requesting a second year as a GA?	Yes	No

Academic Background

Undergraduate major: _____

GPA (4.0 scale): _____

Professional Experience

Please provide any relevant teaching, research, or work experience.