APPLICATION FOR *CLT GRADUATE ASSISTANT*

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Name

University of Hawai‘i ID Number

Email

Phone (day)       (evening)

|  |  |
| --- | --- |
| Mailing Address | Permanent Address |
|  |  |
|  |  |
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Relevant current or completed graduate courses:

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| --- | --- | --- | --- | --- |
| Title | Department | Course No. | Semester | Year |
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List two references whom we may contact:

|  |  |  |
| --- | --- | --- |
| Name | Department | Phone |
|  |  |  |
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