

Iowa State University

Department of Kinesiology

Application for Graduate Assistantship

Iowa State University requests this information for the purpose of selecting graduate assistants. No persons outside the university are routinely provided this information.

Name:

Current Address:

Permanent Address:

Email Address:

Please indicate your primary area of interest for graduate study by rank ordering the specific areas listed in the table below. Rank your primary area of **most interest** as number **1** and the remaining areas from **2 (next most interest)** to **5 (least interest)**.

	1	2	3	4	5
Biomechanics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Physiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Psychology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity & Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the type of Graduate Assistantship requested (Check all that apply)

- Teaching Assistantship
- Research Assistantship
- Exercise Clinic Assistant

Do you have any experience working or studying in a Physical Fitness & Conditioning Laboratory Setting?

- Yes
- No

Please explain any experience you have had in a Physical Fitness & Conditioning Laboratory Setting.

Please select from the list below, all activities that you feel **QUALIFIED** to teach. **NOTE:** Qualified indicates you can perform this activity well but have never taught it.

- | | |
|--|--|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Running for Fitness |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> First Aid & Emergency Care | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Physical Fitness & Conditioning | <input type="checkbox"/> Walking for Fitness |
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Weight Training |

Please describe why you feel **QUALIFIED** to teach the topics selected above.

Please select all activities that you feel **HIGHLY QUALIFIED** to teach. **NOTE:** Highly qualified indicates extensive experience performing AND teaching this activity.

- | | |
|--|--|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Running for Fitness |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> First Aid & Emergency Care | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Physical Fitness & Conditioning | <input type="checkbox"/> Walking for Fitness |
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Weight Training |

Please describe why you feel **HIGHLY QUALIFIED** to teach the topics selected above.

Please list your college teaching experiences and the course taught.

Please indicate any current certifications you possess (check all that apply)

- CPR Certification
- First Aid & Bloodborne Pathogen/Universal Precautions Training
- CPR/AED/First Aid Instructor Certification Certified
- Certified Strength and Conditioning Specialist (CSCS)
- Other

Please select **five** topics below that you would be most interested in teaching. **NOTE:** Selecting a topic here **DOES NOT guarantee** you will be selected to teach that topic.

- | | |
|--|--|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Running for Fitness |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> First Aid & Emergency Care | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Physical Fitness & Conditioning | <input type="checkbox"/> Walking for Fitness |
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Weight Training |

Do you have experience working with youth programs?

- Yes No

Have you worked with elementary age children or adolescent populations? (check all that apply)

- Elementary Age Kids
- Adolescent Populations

If you checked either box with regard to your experience working with youth, please provide a brief explanation of your involvement working with youth programs and elementary or adolescent age populations.