

# *Educational Assistant Student Application*

Student: \_\_\_\_\_ Semester/Year for Request: \_\_\_\_\_

Grade:      Junior                    Senior                   Current GPA: \_\_\_\_\_

Position Requested:      Counseling Office                    Front Office  
                                   Library                                    Teacher: \_\_\_\_\_  
                                   Any position

- If you would like to request a specific teacher, you must obtain that teacher's permission by having him/her sign below. This request must be returned to the counseling office prior to the start of the semester.

Teacher Signature: \_\_\_\_\_

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Teacher Signature: \_\_\_\_\_