

# St. Thomas Aquinas College

## Office of Residence Life

### 2008-2009 RESIDENT ASSISTANT APPLICATION

The Office of Residence Life is extremely pleased you are engaging in the process and willing to accept this important role within the residence life community. Please fill out this application thoroughly and return it by **4:00 p.m. on Thursday, March 6, 2008**. Please contact the Office of Residence Life with any questions.

#### **PERSONAL INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CAMPUS ADDRESS: COMPLEX \_\_\_\_\_ UNIT \_\_\_\_\_ BEDROOM \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CAMPUS PHONE: \_\_\_\_\_

COLLEGE ID#: S \_\_\_\_\_

HOW MANY SEMESTER/S HAVE YOU LIVED ON-CAMPUS AT STAC? \_\_\_\_\_

IF YOU HAVE ATTENDED ANOTHER COLLEGE/UNIVERSITY, DID YOU LIVE ON-CAMPUS? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT COLLEGE/UNIVERSITY DID YOU ATTEND AND HOW MANY SEMESTERS? \_\_\_\_\_

#### **ACADEMIC INFORMATION** (All information will be verified by the Records office)

CLASS STATUS: (Please circle) FRESHMEN SOPHOMORE JUNIOR SENIOR

OVERALL CREDITS: \_\_\_\_\_ SPRING 2008 CREDITS: \_\_\_\_\_ FALL 2007 CREDITS: \_\_\_\_\_

OVERALL GPA: \_\_\_\_\_ FALL 2007 GPA: \_\_\_\_\_ MAJOR: \_\_\_\_\_

WILL YOU BE PARTICIPATING IN ANY STUDENT TEACHING OR INTERNSHIP DURING THE 2008-2009 ACADEMIC YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT AND WHEN? STUDENT TEACHING \_\_\_\_\_ SEMESTER \_\_\_\_\_ INTERNSHIP \_\_\_\_\_ SEMESTER \_\_\_\_\_

#### **WORK & EXTRACURRICULAR ACTIVITIES INFORMATION**

ARE YOU EMPLOYED? YES \_\_\_\_\_ WHERE? \_\_\_\_\_ HOW MANY HOURS? \_\_\_\_\_  
WHEN? WEEKDAYS \_\_\_\_\_ WEEKNIGHTS \_\_\_\_\_ WEEKENDS \_\_\_\_\_

DO YOU PARTICIPATE IN ANY COLLEGE ACTIVITIES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT? \_\_\_\_\_





10. WHAT DOES YOUR COURSE LOAD LOOK LIKE FOR NEXT YEAR? HOW MANY CREDITS DO YOU ANTICIPATE TAKING EACH SEMESTER?

PLEASE LIST THE NAMES OF YOUR TWO (2) REFERENCES AND ATTACH THEIR REFERENCE FORMS:

\* These references should be from individuals who have witnessed you in a role of leadership. Any reference from other students or resident assistants will not be accepted.

1<sup>ST</sup> REFERENCE:      NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2<sup>ND</sup> REFERENCE:      NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_