

**Texas Tech University**  
**Application for Graduate Teaching Assistantship**  
**Department of Kinesiology and Sport Management**

Beginning:    Fall ☐    Spring ☐    Year: \_\_\_\_\_

Master's Degree:	<input type="checkbox"/> M.S. in Kinesiology- Concentration _____	<input type="checkbox"/> M.S. in Sport Management
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NAME IN FULL \_\_\_\_\_ (please do not use initials)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country in which you are a citizen: \_\_\_\_\_

**Academic Background:**

Institutions and Dates	Major/Minor	Degree and Dates Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Undergraduate GPA \_\_\_\_\_ GPA for last 60 hours of most recent studies \_\_\_\_\_

**Experience Relevant to Sport and/or Exercise:**

Experience may include playing team sports as an athlete, coaching, other professional work experience, military, etc.-

Experience, Organization	Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Teaching Experience:**

Institution/Organization	Subject Taught	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Checkmark the appropriate box(es) for each activity.** You may checkmark more than one box per row, as needed (e.g., “strongest teaching area” and “have taught” could both be marked if you have taught a particular activity and consider it to be one of your strongest teaching areas).

Activities	Strongest Teaching Area	Have Taught	Able to Teach	Cannot Teach
Aerobics				
Basketball				
Diet and Exercise				
Fitness Walking				
Golf				
Beginning				
Advanced				
Jogging				
Pickleball				
Soccer				
Tennis				
Volleyball				
Weight Training				
Yoga				

Please list all physical activity courses that you have taken as a student.


Please list any relevant Kinesiology courses that you have taken as a student that you feel makes you qualified or prepared to teach our physical activity courses listed at the top of page.


Certifications	Yes	No		Expiration Date
Aerobics Instructor			Certified by:	
Athletic Trainer			Certified by:	
Personal Trainer			Certified by:	
Strength & Conditioning Coach			Certified by:	
Yoga Instructor			Certified by:	
Other:				

**\*\*\*Reminder\*\*\***

**Submit one 2-4 minute video that highlights your communication skills and ability to teach one of the physical activities listed at the top of the page.**

**The video should accompany this application form.**