

# Student Application



Loma Linda University

## Application for Student Assistantship

School of Allied Health Professions

Dr. Gail Rice  
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 www.llu.edu

### Student Information

Name	
Present Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	
Marital Status	
Country of Origin	
Visa Status	

LLU Student ID #	
LLU Student Email	
SSN (optional)	

### Special Needs:

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### Program info

<b>Your Program</b>	
Faculty mentor request	
Quarter	
Year	

### Type of Assistantship

- Office  
 Grad  
  
 I certify that I will be registered for a full load of study, and that I will maintain confidentiality in all my work as a teaching/grad assistant.