

**KRS APPLICATION FOR GRADUATE  
ASSISTANTSHIP  
Fall & Spring Academic Year**

Name \_\_\_\_\_ Phone (Local): \_\_\_\_\_

Address (Local): \_\_\_\_\_

Address (Permanent): \_\_\_\_\_

Phone (Permanent): \_\_\_\_\_

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

**1. Have you applied to graduate school?                      Yes                      No**

**2. Have you been admitted to graduate school?      Yes                      No**  
(You must be admitted prior to receiving a graduate assistantship)

**3. Which emphasis do you plan to pursue: (Select your choice)**

**Exercise Science                      Coaching**

**4. Do you hold any certifications?**

Certified Strength and Conditioning Specialist; Personal Trainer – Certified (NSCA, ACSM); Health Fitness Instructor (ACSM); First Aid; CPR; AED; Fitness Instructor; Aerobics Instructor; Yoga Instructor; Pilates Instructor; Zumba Instructor; Lifeguard Instructor; Water Safety Instructor; Safety Instructor Trainer; Martial Arts Instructor; Athletic Trainer – Certified (ATC, NATA); Others

1. \_\_\_\_\_  
Date Received \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Certifying Organization: \_\_\_\_\_

2. \_\_\_\_\_  
Date Received \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Certifying Organization: \_\_\_\_\_

3. \_\_\_\_\_  
Date Received \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Certifying Organization: \_\_\_\_\_

4. \_\_\_\_\_  
Date Received \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Certifying Organization: \_\_\_\_\_

5. \_\_\_\_\_  
Date Received \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Certifying Organization: \_\_\_\_\_

**5. Do you have any teaching or programming experience?      Yes                      No**

If "yes," what experience: \_\_\_\_\_

**6. Do you have any Exercise Science (e.g., physiology, biomechanics, etc.) laboratory experience?      Yes      No**

If "yes," what experience:

**7. Please evaluate your competency to teach the following sport and recreational activities. Evaluate each activity with a 1, 2, or 3.**

**1 = extremely competent to teach the class**

**2 = comfortably competent to teach the class**

**3 = not qualified to teach the class**

Aerobic Dance	Racquetball
Aerobic Swimming	Self Defense
Aikido	Soccer
Badminton	Softball
Ballet	Spinning
Ballroom Dance	Strength Training
Basketball	Swimming, Beginning
Bicycling	Swimming, Lifeguard Training
Bowling	Swimming, WSI
Canoeing	Tap Dance
Fitness Walking/Jogging	Team Handball
Floor Hockey	Tennis
Golf	Tumbling/Gymnastics
Hapkido	Track and Field
Jazz Dance	Volleyball
Karate	Yoga
Modern Dance	Zumba
Orienteering	
Pilates	Other:_____

- Please attach a copy of your resume, [2] KRS recommendation forms, and this KRS application to:

Kristin Blair  
Indiana State University  
Department of Kinesiology, Recreation, and  
Sport 401 N. 4<sup>th</sup> St.  
Arena C-14  
Terre Haute, IN 47809  
[Kristin.Blair@indstate.edu](mailto:Kristin.Blair@indstate.edu)