



GRADUATE ASSISTANTSHIP APPLICATION

Please complete this form, attach a copy of your resume and forward to:

Sophie R. Kaufman, DPS Assistant Dean for Grants and Strategic Initiatives College of Health Professions Center of Excellence—ALPS Pace University, LSN LH 314 861 Bedford Road Pleasantville, NY 10570 skaufman@pace.edu Tel: (914) 773-3636 Fax: (914) 773-3339

To the Applicant—Please complete both sides of this application.

Name 🗆 Ms. 🗆 Mr				
First Name		Last Name	U Number	
Present Address				
	Street	City	State	Zip Code
Permanent Address				
	Street	City	State	Zip Code
Day Telephone (<u></u>	_	
Area Code	/ Number	EXI.		
Cell Number () Area Code / I			E-mail	
Alea Code / I	Number			
Anticipated entry term:	□ Fall □ S	Spring Year	Summer I Summer II	
Please indicate your car				
Flease mulcale your car			Westchester	
Please indicate your ava	ailability to work as a	Graduate Assis	tant: \Box 10 hours per week \Box 5 hours per week	k
Please indicate the Pace	e University graduate	degree prograr	n to which you are applying	
Undergraduate Institutio	on			
Undergraduate Grade P	oint Average	Previou	us graduate institution, major, GPA (if applicable)	
TOEFL, IELTS, or Pearson	n PTE score (if applica	ble) Total	Date//	
			Month Day Year	
Please complete the Sk	ills Questionnaire on	the next page		
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I understand and agree that my admission, if granted, my registration and continuance on the rolls and graduation are subject to all policies, rules, regulations, and procedures set forth in the current bulletins, catalogs, and other publications, and notices of Pace University and as they may be amended, including but not limited with respect to scholarship, discipline, attendance, and payment or abatement of fees.

Applicant Signature	Date	/	· /	
		Month	Day	Year