

## **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
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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. □ Mx	<b>(.</b>						
	First Name		Last Name			U Number	
Present Address	Street	City		State		Zip Code	
		City		State		216 6046	
Permanent Address	Street	City		State		Zip Code	
Day Telephone () _ Area Code / N							
Area Code / N	umber	EXI.					
Cell Number ()			Email				
Anticipated entry term: $\Box$	Fall [	Spring [	Summer IYear	_ Summer II	Year		
Please indicate your campu	us location: 🗆 N	ew York City Uwes	stchester				
Please indicate your availa	bility to work as	a Graduate Assistan	t: 🗆 10 hours per v	week 🗆 5 hours p	er week		
Please indicate the Pace Ur	niversity graduat	e degree program to	which you are app	lying			
Jndergraduate Institution							
Jndergraduate Grade Poin	t Average	Previous g	graduate institution,	, major, GPA (if app	icable) _		
ΓΟΕFL, IELTS, or Pearson P	TE score (if appli	cable) Total		lonth Day Y	ear		
Please complete the Skills	Questionnaire o	on the next page					
understand and agree tha rules, regulations, and proc may be amended, including	edures set forth i	n the current bulletin	s, catalogs, and oth	er publications, and	notices of	f Pace University	
Applicant Signature				Da	te		
					Mont	th Day	Year