

GRADUATE ASSISTANTSHIP APPLICATION

Please attach a copy of your resume and forward this assistantship application to:

Melissa Grant, Assistant Dean
Pace University, Office of Graduate Advisement and Student Development
One Pace Plaza
New York, NY 10038-1598 USA

Ms. Mr. Mx. _____
Last First U Number

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Day Telephone (_____) _____ Evening Telephone (_____) _____
Area Code / Number Area Code / Number

Fax (_____) _____ Email _____
Area Code / Number

Please indicate your anticipated entry term: Fall _____ Spring _____ Summer I _____ Summer II _____
Year Year Year Year

Please indicate your intended location: New York City Westchester

Please indicate whether you are interested in a full-time or part-time assistantship: Full-time Part-time

Please indicate the Pace University degree program to which you are applying: _____

Undergraduate Institution _____

Undergraduate Major _____ Undergraduate Grade Point Average _____

Previous graduate institution, major, graduate grade point average (if applicable) _____

GMAT score Verbal _____ Quantitative _____ Total _____ Writing _____ Date ____/____/____
Month Day Year

TOEFL score and date (if applicable) _____

On a scale from 1 to 5 (where 5 is excellent and 1 is poor), rate yourself on each of the following skills:

Programming	<input type="text"/>	*Please List Software	Typing	<input type="text"/>
Specialized Software*	<input type="text"/>		Library Research	<input type="text"/>
Quantitative Skills	<input type="text"/>		Administrative Ability	<input type="text"/>
Communication/Writing Skills	<input type="text"/>		Internet Research	<input type="text"/>

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.

Signature _____ Date ____/____/____
Month Day Year

APPLICANT: DO NOT WRITE BELOW THIS LINE.

Applicant Approved: _____ Not Approved _____
Signature/Date Signature/Date

Assigned to: _____

Period of Assistantship: _____ Full Half