GRADUATE ASSISTANTSHIP APPLICATION

Please attach a copy of your résumé and forward this assistantship application to the appropriate Program Director:

PsyD in School-Clinical Child Psychology
Program Director, Graduate Psychology Programs
Pace University
One Pace Plaza
New York, NY 10038-1598 USA
(212) 346-1506

Publishing
Program Director, Graduate Program in Publishing
Pace University
One Pace Plaza
New York, NY 10038-1598 USA
(212) 346-1417

Public Administration
Program Director, Graduate Programs in Public Administration
Pace University
One Martine Avenue
White Plains, NY 10606-1932 USA
(914) 422-4298

Name ☐ Ms. ☐ Mr. _____ Social Security Number* _____
Last First Optional

Present Address _____
Street City State Zip code

Permanent Address _____
Street City State Zip code

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

Fax (_____) _____ E-mail _____
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 graduate 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) _____

GRE Score and date Verbal_____ Quantitative_____ Analytical_____ Date _____/_____/_____
Month Day Year

TOEFL Score and date (if applicable)_____

Please indicate any specific skills which you have that would enable you to perform well as a graduate assistant:

_____

_____

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

** Please be advised that your Social Security Number (SSN) is required for federal aid application processing. Your SSN will not be used for identification purposes at Pace University.*