GRADUATE ASSISTANTSHIP APPLICATION

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

Germaine Hodges, Assistant Dean
Pace University, Lubin School of Business
One Pace Plaza, New York, NY 10038-1598 USA
Telephone: (212) 618-6440

Please print or type clearly.

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

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 (_____) _____ 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 ☐ White Plains

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 and date 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), how would you rate yourself on each of the following skills:

Programming		Typing	
PC		Library Research	
Quantitative Skills		Administrative Ability	
Writing Skills			

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

** 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.*