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

Name Ms. Mr. _____

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 (_____) _____   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 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:

		*Please List Software		
Programming	☐		Typing	☐
Specialized Software*	☐		Library Research	☐
Quantitative Skills	☐		Administrative Ability	☐
Communication/Writing Skills	☐		Internet Research	☐

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