STATE UNIVERSITY OF NEW YORK
UNIVERSITY AT ALBANY

GRADUATE ASSISTANTSHIP/FELLOWSHIP APPLICATION FOR THE
DEPARTMENT OF EDUCATIONAL THEORY AND PRACTICE

Complete this form, attach a brief vita and return to Education 122. To be considered, you **must** be a full-time student for the 2012-2013 academic years.

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<tr>
<th>(Last Name)</th>
<th>(First Name)</th>
<th>(ID Number)</th>
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<th>(Street)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip Code)</th>
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Phone: (Area Code and Number) ________________

Email Address: ________________________________

Current citizenship status:
U.S. Citizen ______ Permanent Resident ______ Not a U.S. Citizen ______

If not a U.S. citizen, please identify type of Visa: ____________________

**Program of Study:**

Degree Program:  ( ) Doctoral  For Study During:  ( ) Fall 20 ___

( ) Certificate of Advanced Study  ( ) Spring 20 ___

( ) Masters  ( ) Summer 20 ___

List the degrees you now hold or anticipate receiving and the school that has or will have awarded the degree.

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<tr>
<th>DEGREE</th>
<th>DATE AWARDED</th>
<th>SCHOOL</th>
<th>LOCATION</th>
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Undergraduate Major Field __________________ Minor Field __________________

On a 4-point scale, approximate Undergraduate Grade Point Average __________________

On a 4-point scale, approximate Major Field Grade Point Average __________________

For doctoral students, approximate GPA in ETAP __________________

List any awards, grants, scholarships, citations, etc. you have received.

______________________________

______________________________

______________________________
List any professional organizations to which you belong:


ACADEMIC ACCOMPLISHMENTS:

List any special programs attended, projects completed, teaching experience, publications, performance or exhibits, and/or any activities that would enable the review committee to better evaluate your application.


What kind of assistantship duties do you feel qualified to undertake?


(Signature)  (Date)

FOR DEPARTMENT USE:

Action: ____________________________

Financial Award: ____________________

Assigned to: _______________________

Other Actions or Recommendations:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________