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 2007-2008 academic year.

(Last Name)  (First Name)  (ID Number)

(Street)  (City)  (State)  (Zip Code)

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  ( ) Certificate of Advanced Study  ( ) Masters

For Study During:  ( ) Fall 20___  ( ) Spring 20___  ( ) Summer 20___

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

<table>
<thead>
<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:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________