

**State University of New York**  
**University at Albany**  
**Graduate Assistantship/Fellowship Application for the Office of Graduate Admissions**

The University at Albany makes a limited number of assistantship and fellowship awards to exceptional entering graduate applicants. Consideration for offer of awards is conducted concurrently with the application review process. To assist the departmental review committee in making funding recommendations, applicants seeking consideration for funding are requested to ***submit this supplemental application form along with a resume*** as part of the application packet. Notification of offers of funding, if available, will be made directly by the awarding department. Consideration deadline information may be obtained through search of our program information lookup at <http://www.albany.edu/graduate/degreelookup.shtml>

**Name:** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last (Family) First

**Address:** \_\_\_\_\_  
Street City State Zip Code Country

**Phone:** (\_\_\_\_) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Current U.S. Citizenship Status:** U.S. Citizen \_\_\_\_ Permanent Resident \_\_\_\_ Not a U.S. Citizen \_\_\_\_

If not a U.S. citizen, please identify type of visa: \_\_\_\_\_

**Proposed Program of Study:**

Degree Program:     ( ) Doctoral    Study to Begin:     ( ) Fall  
                          ( ) Certificate of Advanced Study   ( ) Spring  
                          ( ) Masters   ( ) Summer

Department of: \_\_\_\_\_

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

<u>DEGREE</u>	<u>DATE AWARDED</u>	<u>SCHOOL</u>	<u>STATE</u>

Undergraduate Major Field: \_\_\_\_\_ Minor Field: \_\_\_\_\_

On a 4 point scale, approximate Grade Point Average: \_\_\_\_\_

On a 4 point scale, approximate Major Field Grade Point Average: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any professional organizations to which you belong:

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**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.

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

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**FOR DEPARTMENT USE**

Action: \_\_\_\_\_

Financial Award: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Other Action or Recommendation:

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