UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

GRADUATE ASSISTANTSHIP/FELLOWSHIP APPLICATION

An applicant who wishes to be considered for an assistantship or fellowship should complete and return this form with their application. You should also include a resume. To guarantee full consideration, your complete application must be received by the date listed in this booklet. If you wish to be considered for a Presidential Fellowship, your complete application must be received by February 1st.

_____

(Last Name) (First Name) (Social Security Number)

_____

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

PHONE: Area Code and Number_____

EMAIL: _____

Current 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
( ) Certificate of Advanced Study
( ) Masters

Study to Begin: ( ) Fall 19___
( ) Spring 19___
( ) Summer 19___

Department of _____

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

DEGREE **DATE AWARDED** **SCHOOL** **STATE**

_____
_____
_____
_____

Undergraduate Major Field_____Minor Field_____

On 4 point scale approximate Grade Point Average_____

On 4 point scale approximate Major Field Grade Point Average_____