

FOR OFFICE USE ONLY

Application Received [Date] _____

Stipend Amount/Tuition Credits per semester approved for: _____

Charged to Account: ___ - ___ - ___ - ___ - ___ - ___

(Dean's Signature)

(Date)

ADELPHI UNIVERSITY
Robert B. Willumstad School of Business
Garden City, NY, 11530

Application for Graduate Assistantship
Semester: _____ Year: _____

Please see the rules and regulations in the Graduate Assistantship Handbook at <http://academics.adelphi.edu/handbooks/>

NAME: _____ Male _____ Female _____
(Last) (First)

University ID #: _____ SSN#: _____

Cell Phone _____ Home Phone _____

Email Address: _____

Current Address: _____

UNDERGRADUATE RECORD

College/University: _____ Major: _____

Degree: _____ Date Granted: _____

Cumulative Grade Point Average: _____

Graduate Management Admission Test (GMAT) Date: _____ Score: _____

GRADUATE STUDY AT ADELPHI

What is your current status?

_____ Accepted, but not yet enrolled

_____ Currently enrolled

1. What skills do you have? _____

2. If you are currently enrolled at Adelphi, please attach at least one letter of reference from a faculty member.
3. Please attach a copy of your resume to this form.

IMPORTANT

“I understand that if I am awarded an assistantship, I am required to work up to 300 hours per semester.”

“I understand that any courses taken by me that are not required for the degree are not covered by this assistantship.”

“I understand that my assistantship and any other paid work must not exceed 20 hours per week.”

(Student's Signature)

(Date)