

GRADUATE ASSISTANT APPLICATION FORM

ADELPHI UNIVERSITY

DEPARTMENT OF EXERCISE SCIENCE, HEALTH STUDIES, PHYSICAL
EDUCATION and SPORT MANAGEMENT

Master's of Science Program in Exercise Science

Name: _____

Date: _____

Age: _____

Height: _____

Body Mass: _____

Street Address: _____

Email Address: _____

Telephone: _____ Cell phone: _____

Date of Birth: _____

Academic Rating: GPA overall _____ GPA major _____ Major _____

Education:

School

Location

Dates

Major

Degree

Honors and Organizations:

Work Experience:

Position

School or Company

Dates

Teaching and Work Experience: (CONTINUED)

Position

School or Company

Dates

References:

Name

School or Company

Position

Contact phone

Your purpose for entering graduate study:

Additional Experience for consideration of a graduate assistantship award:

Department of Exercise Science, Health Studies, Physical Education and Sport
Management

ACTIVITY COMPETENCY LIST

Please indicate your estimated teaching ability or experience by number and/or description in Column 1: Excellent (1), Good (2), Average (3), Fair (4), Poor (5). In column 2, make any comments in regard to specific experience or ability.

| | <u>Ability</u> | <u>Comments</u> |
|---------------------|----------------|-----------------|
| Aerobic Dance | _____ | _____ |
| Aquatics | _____ | _____ |
| Conditioning | _____ | _____ |
| Kick Boxing | _____ | _____ |
| Personal Training | _____ | _____ |
| Group Exercise | _____ | _____ |
| Strength Training | _____ | _____ |
| Sports Conditioning | _____ | _____ |
| Yoga | _____ | _____ |
| Body Composition | _____ | _____ |
| ECG Interpretation | _____ | _____ |
| Metabolic Testing | _____ | _____ |
| Cardiac Rehab | _____ | _____ |
| Pulmonary Rehab | _____ | _____ |
| Other: | _____ | _____ |
| | _____ | _____ |

Please return to: Robert M. Otto, Ph.D. or John Wygand, M.A.
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Adelphi University
Garden City, NY 11530
otto@adelphi.edu or wygand@adelphi.edu