

Application for Graduate Assistantship



Please fill out the form and attach a copy of your resume. Submit to the Bryan MBA Office in Bryan 301.

Name: _____
FIRST NAME MIDDLE NAME LAST NAME

Expected Entrance Term: _____

Student ID: _____
(Voluntary, for record keeping & data processing only)

Graduate Program MS ACCT MBA MSITM MA ECON

Permanent Home Address: _____

City State Zip

Present Mailing Address: _____

City State Zip

Telephone: Home (or where you can be reached) (_____) _____

E-mail Address: _____

Name of Undergraduate School Attended: _____

Undergraduate Degree Earned: _____ Undergraduate Major _____

Graduate Education: _____

Were you employed between the time that the undergraduate degree was received and the date of this application? Yes No

If "yes", What was the nature of the employment? _____

In which of the following skills would you consider yourself to be proficient? (Check more than one if applicable)

Microsoft Word Excel PowerPoint Access Other Software Research Skills

Please list any other special skills and/or work experience: _____

Please list the following assignment areas in order of your preference, with the number when signifying your first choice.

Student Services: Graduate: _____
Student Services: Undergraduate: _____
Accounting Department: _____
Business Administration: _____
Information Systems and Operations Management: _____

Students awarded an assistantship may be called on to work not more than 20 hours per week, and these assignments may often involve clerical activities. Students, when assigned to faculty, are expected to arrange a regular work schedule. All assistants are required to have graduate standing and to enroll as full-time students. No student may retain an assistantship for more than four (4) semesters. A student must remain in good academic standing to be eligible for an assistantship. Performance is reviewed at the conclusion of each semester to determine if an assistantship is to be continued for subsequent semesters.

By signing below, I authorize the release of information contained in my graduate assistantship application and/or my student records as defined by the Family Educational Rights and Privacy Act (FERPA). The records that may be released are all Dean of Students records related to me and not otherwise confidential by law. The purpose of the release is for initial and subsequent review of my qualifications for a graduate assistantship. The parties eligible to receive records are all the persons responsible for some aspect of a graduate assistantship position at UNCG.

I DO HEREBY CERTIFY THAT I UNDERSTAND THE CONDITIONS DESCRIBED ABOVE.

Student Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

The following information will be obtained from the academic records of the student:

1. Undergraduate GPA: _____
2. GMAT Score: _____ Index: _____
3. Semester hours completed in the program: _____
4. GPA: _____
5. Average number of semester hours completed per semester: _____