APPLICATION FOR GRADUATE ASSISTANTSHIP

Status: Master's Degree: Number of credits completed: Dual Degree: Number of credits completed: Doctoral Degree: Number of credits completed:			
Graduate/Research Assistants assistantship.	s must take at l	least 6 credits during the semester of	•
Graduate Assistantships will l	be offered for a	a maximum of 4 semesters.	
PLEASE TYPE			
Name:			
Student ID #	Graduate/Doc	octoral Program:	
Date of Birth:	E-Mail:		_
Address:			_
City:	State:	Zip Code:	
Геlephone (Home):	(Cell):	(Work):	_
Work Address:			_
Anticipated Graduation: Month:		Year:	
During the Graduate Assistantship	semester/year:		
Will you be receiving FinarWill you be receiving TuitieWill you be employed by M	on Remission?	Yes No	

Please describe below the knowledge, skills, and abilities you will bring to this position:

Please list the assistantship positions in order of preference that you would like to apply for:

Teaching Assistant positions are for Doctoral Students Only

1.	
2	
3	
**Please forward this application with your reference to: gnedelka@molloy.e	
Non-Discrimination and Harassment: Molloy University holds high expectations of each Federal Law, including provisions of Title IX of the Education Amendments of 1972 as an 1973, Molloy University does not discriminate on the basis of race, sex, color, national or military service, or sexual orientation in its administration of education policies, programs	nended and Sections 504 of the Rehabilitation Act of ethnic origin, religion, age, marital status, disability,
Applicant Statement: I hereby certify that to the best of my knowledge and belief, all state understand that falsification of any data on this application will be cause for automatic distapplication with Molloy University is a preliminary step to employment. It does not obligate to accept employment. Employment at Molloy University is contingent upon successful recurrent and former employers may be contacted for verification of any and all information selection process. Candidates will be required to sign an Authorization to Release Information background investigation.	missal if employed. I understand that the filling of this te Molloy University to offer employment, or the applicant ference and background investigation. I understand that stated in this application and or during any phase of the
I have read and received the requirements for the pos	ition.
Applicant Signature:	Date: