

Email completed application to:

<u>mathstats@wright.edu</u>

If you have questions or concerns visit

https://science-math.wright.edu/mathematics-

and-statistics/graduate-teaching-assistantships

Graduate Assistantship Application

Please type or print.

Application for an assistantship in the department of			Degree Program		Effective semester and year	
Last Name	First		Middle/Maide	n	UID#	
Street Address 1	City		State	Zip Code	Country (if not U.S.)	
Street Address 2	Area Code/Phone		Birthdate/Month,		h, Day, Year	
Education:						
College/University	Dates Attend	ed/From/To	Degree	Date Awarded	Major	
Undergraduate GPA	GMAT	GRE	MAT		FL SPEAK	
List names and nositions of	•	•	· · · · · · · · · · · · · · · · · · ·	lease fill in test score(s)		
List names and positions o been requested. Recomm	•		•	Name		
acquainted with your acac		•				
accompanied by your state	•			Position		
study and your profession			-	Name		
				Position		
X Signature				Date		
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Recommendation: Assistants	lent, do not write be	granted	not gran		liowing:	
Recommendation. Assistants	ilip siloulu be.	granteu	Hot grai			
Beginning date of assistantsh	ip		Ending date	<u> </u>		
Graduate Assist	ant	Graduate Tea	iching Assistant	hing Assistant Graduate Research Assistant		
Account or grant number to NOTE: If stipend is to be charged to			ssion will also be char	ged to that grant or con	tract number.	
Total stipend to be paid \$		Quarterly stipen	d \$	Month	ly stipend \$	
Special conditions						
X				Х		
Department Chair/Director			College/Schoo	l Dean		
Do not write below this line.						
Date received		Incomplete	Х			
				Dean, School of Graduate Studies		
Initials	DRtd		Comments			

Statement of Objectives

	This statement is used exclusively for your assistantship application. Please state the purpose of your graph professional goals. In addition, include a description of any publications, research, or teaching experience	eduate study and e you have completed.
Signature Date	Signature	Date