THE COLLEGE OF NEW ROCHELLE GRADUATE SCHOOL GRADUATE ASSISTANTSHIP APPLICATION

Contract Year: July 1st – June 30th

DEADLINE: JANUARY 15th

LAST NAME:	FIRST NAME:
MAILING ADDRESS:	E-MAIL ADDRESS:
HOME TELEPHONE:	CELL PHONE:
Please check one: I plan to pursue a CNR Master's Degree in If you have not yet started your Master's Degree program, have you been accepted? Yes No I am already pursuing a CNR Master's Degree in	
Please check one: I am: currently employed full time currently employed part time currently unemployed I am employed at:	
I currently work hours per v	
Have you previously received an award from The College If yes, what award have you received?	Amount of Award Semester and Year

Please indicate what office skills you	u possess:
While the skills you	2 poods.
List any extracurricular and/or comm	munity service activities in which you are involved:
ziet arry extraoarrioaiai arra/er cerm	marily derivide delivities in which year are inverved.
On another sheet, please describe	why you feel qualified to serve as a Graduate Assistant.
oplicant Signature	
plicant Signature	Date
PORTANT INFORMATION:	
the January 15 th deadline date.	not be considered if the completed application packet is not received by
✓ Applicants must submit two sea	aled letters of recommendation with the application for the Graduate
Assistantship; the letters submit be used.	tted to Graduate Admissions for admission to the program may NOT
be used.	
	be considered as of the deadline date. Please note that for those applicants School, the OVERALL undergraduate GPA will be considered.
✓ Only those applicants with 30 c	redits remaining in their program as of the start of the contract year
will be considered for the Gradu	
	on, resume and two sealed letters of recommendation to:
vvendi v	escio, Assistant Dean for Academic Administration The College of New Rochelle
	29 Castle Place – Chidwick 103
	New Rochelle, NY 10805
	should be aware that the award may reduce the student's loan funds. petitive. Monies allotted are dependent upon funds available.
fice Use Only:	petitive. Mornes anotted are dependent upon runus available.
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te Received:	Received By:
oplication Form: Res	ume: Two Sealed Letters of Recommendation:

Interview: Yes _____ No ____

Interview Date and Time: