

**ASSISTANTSHIP APPLICATION**

*Department of Entomology  
University of Georgia  
Athens, GA 30602-2603*

*This form is to be used to apply for a Departmental Teaching or Research Assistantship. It should be sent to Graduate Coordinator, Department of Entomology, University of Georgia, Athens, GA 30602.*

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address to which communication should be sent

\_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

I propose to work toward a \_\_\_\_\_ degree in \_\_\_\_\_  
(Major)

I have attended the following colleges or universities:

College Attended	Dates Inclusive	Degree Received
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_____	_____	_____
_____	_____	_____
_____	_____	_____

I am currently enrolled in The University of Georgia Graduate School: Yes \_\_\_\_\_ No \_\_\_\_\_

I expect to be admitted to Graduate School for entrance \_\_\_\_\_ Semester, 20\_\_\_\_\_

I have taken the \_\_\_\_\_ during the past five years, and my scores are listed below:  
(Name of Examination)

Graduate Record Examination, Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_

Graduate Management Admission Test, Total Score \_\_\_\_\_ TOEFL \_\_\_\_\_

Other \_\_\_\_\_, Score \_\_\_\_\_

I am planning to take the \_\_\_\_\_ on \_\_\_\_\_.  
(Name of Examination) (Date)

Honors and other evidence of scholarship:

In support of this application, I wish to make the following statement concerning my personal objectives in doing graduate work (attach additional sheet, if necessary):

The following three persons have been requested to submit reference forms or write letters of recommendation on my behalf and to send the forms or letters directly to the departmental graduate coordinator. (Letters of recommendation or reference forms should be written by persons qualified to judge the scholarly attainment and promise of the applicant. It is the applicant's responsibility to see that these letters are sent to the graduate coordinator in the Department of Entomology.

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If I accept a Departmental Teaching or Research Assistantship, I agree to abide by all policies and regulations which apply to such assistantships.

Signed \_\_\_\_\_