



GRADUATE ASSISTANTSHIP AND GRADUATE RESEARCH ASSISTANTSHIP APPLICATION

Banner I.D.# _____ **Date of Birth** _____

Name
Last First Middle Previously Used Last Name

Address
Street City State Zip

Contact Information / /
Home Phone Cell Phone Email Address

Bachelor's Degree Received
Title of Degree Institution Date of Award

Graduate Degree Received
Title of Degree Institution Date of Award

Citizenship: U.S. Citizen U.S. Permanent Resident Other(Explain) _____
Type of Visa _____

Rowan Graduate program applied/accepted to: _____

Number of graduate credits you have completed at Rowan University _____

Number of graduate credits currently in progress at Rowan University _____

I wish to apply for: GA GRA

I wish to be considered for: Part-Time Full-Time

in the Department / Program:

College of:

Have you discussed this appointment with a faculty member? Yes No

I certify that the information provided within this application is complete and accurate. I agree to abide by all rules, regulations, policies and procedures of Rowan University.

Signature _____ **Date** _____

It is the policy of Rowan University not to discriminate on the basis of sex, handicap, race, color, religion or national or ethnic origin.

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Rowan Graduate Program:
Credits that remain in graduate program:

Undergraduate GPA:
Standardized Test Scores: