LIU Brooklyn — APPLICATION FOR GRADUATE ASSISTANTSHIP

Personal Information

Name _____
Last Name   First Name   Middle Initial

Present Address _____
Number and Street   Apt. #   City   State   ZIP

Phone (_____)_____   ☐ Male ☐ Female   LIU Email _____

Major _____ Student EMPLID: _____

Appling for: Year 20_____   Semester (check one)   ☐ Fall   ☐ Spring   ☐ Summer I   ☐ Summer II

Are you an LIU Brooklyn student? ☐ Yes ☐ No

Graduate Assistantship Department applying to _____

Citizenship

☐ U.S. Citizen

☐ Non-Citizen   Country of Citizenship _____

☐ Visa Type/ Non-Immigrant Status _____
       (Students must hold F1 or J1 visa to be considered)

☐ U.S. Permanent Resident, Alien Registration # _____

For New Students

Colleges / Universities Attended (submit latest transcript):

Name of College/University:_____

Dates of Attendance: _____

Major: _____

Major GPA:_____ Cum GPA:_____

Degree Received:_____ Date of Degree: _____

Name of College/University:_____

Dates of Attendance: _____

Major: _____

Major GPA:_____ Cum GPA:_____

Degree Received:_____ Date of Degree: _____

For Current LIU Students

Academic Record at LIU   (submit latest transcript):

Dates of Attendance: _____

Major: _____

Major GPA:_____   Cum GPA:_____

Other Campus Positions:
1) Do you have another Graduate Assistantship for this Semester?

☐ No   ☐ Yes   Which department: _____

2) Are you being paid on Budget for this semester?

☐ No   ☐ Yes   Which department: _____

Background Information:
Please rank your level of competence with Computers/Technology:

☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor

List all programs with which you are familiar:

1) _____   4) _____

2) _____   5) _____

3) _____   6) _____

List other qualifications you feel are appropriate for your Award:

1) _____   3) _____

2) _____   4) _____

Signature:
Applicant's Signature: _____   Date: _____

(FOR OFFICE USE – Do not write below this line)

Applicant Evaluation:

☐ Accept   ☐ Deny

Name of Evaluator (print):_____   Signature of Evaluator: _____

Title of Evaluator: _____Department: _____ Date: _____

For more information contact:

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