APPLICATION FOR GRADUATE ASSISTANTSHIP
GRADUATE PROGRAM • DEPARTMENT OF PHYSICS • PORTLAND STATE UNIVERSITY

NAME OF APPLICANT: _____
FAMILY NAME GIVEN NAME M.I.

ADDRESS: _____

_____

APPLICATION FOR: FALL ☐ WINTER ☐ SPRING ☐

DEGREE SOUGHT: _____

STATE YOUR QUALIFICATIONS FOR THIS POSITION:

LIST PROSPECTIVE SOURCES OF INCOME OTHER THAN FROM THIS APPOINTMENT:

PLEASE RETURN DIRECTLY TO THE ADDRESS BELOW

DEPARTMENT OF PHYSICS – GRADUATE ADMISSIONS COMMITTEE
PO BOX 751 • PORTLAND OR 97207-0751
TELEPHONE – (800) 547-8887 • FAX – (503) 725-9525
WWW – http://www.physics.pdx.edu