

GRADUATE ASSISTANT APPLICATION FORM
ADELPHI UNIVERSITY
DEPARTMENT OF HEALTH AND SPORT SCIENCES

Master's of Science Program in Exercise Science

Name: _____ Date: _____

Age: _____ Height: _____ Body Mass: _____

Street Address: _____

Email Address: _____

Telephone: _____ Cell phone: _____

Date of Birth: _____

Academic Rating: GPA overall _____ GPA major _____ Major _____

Education:

<u>School</u>	<u>Location</u>	<u>Dates</u>	<u>Major</u>	<u>Degree</u>
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Honors and Organizations:

Work Experience:

<u>Position</u>	<u>School or Company</u>	<u>Dates</u>
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Work Experience: (CONTINUED)

Position

School or Company

Dates

References:

Name

School or Company

Position

Department of Health and Sport Sciences

ACTIVITY COMPETENCY LIST

Please indicate your estimated teaching ability or experience by number and/or description in Column 1: Excellent (1), Good (2), Average (3), Fair (4), Poor (5). In column 2, make any comments in regard to specific experience or ability. b2ST