



UNIVERSITY of MARYLAND
EASTERN SHORE

DIVISION of ACADEMIC AFFAIRS
School of Graduate Studies

Application for State Funded Graduate Assistantship

Name: _____ Date: ____/____/____

Student's ID: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: (home) ____--____--____ (cell) ____--____--____

Program of Study: _____

Grade Point Average: _____

Residency status: (please circle one) **In-State** / **Out-Of-State**

Please attach the following:

1. **Two letters of recommendation. These letters may be from a former supervisor/employer and a teacher or faculty member who can attest to your character and work ethic. Letters from family members will not be accepted.**
2. **A current resume**
3. **A brief summary of the reasons why you should be considered for this assistantship.**

For Office Use Only

Recommended Rejected Full-Time Part-Time

Recommended Salary (amount in \$) \$ _____

Committee Members: _____

Name & Signature

Date

Name & Signature

Date

Name & Signature

Date

Approval: **Dean of Graduate School:** _____ Date: _____

Approval: **Human Resources Director:** _____ Date: _____