Graduate Assistant Application Form MS in Integrative Biological Diversity

Western Connecticut State University

Department of Biology 181 White Street, Danbury, CT 06810

| GENERAL INFORMATION: |
|---|
| NAME: |
| ADDRESS: |
| UNDERGRADUATE COLLEGE/UNIVERSITY: |
| MAJOR: |
| GRADUATION DATE/YEAR: |
| GPA: |
| NAME OF REFEREE PROVIDING LETTER OF RECOMMENDATION: |
| |
| FULL-TIME/PART-TIME: |
| MA PROGRAM START DATE: |
| # OF CREDITS ENROLLED: |

Graduate Assistant Application Form MS in Integrative Biological Diversity

Western Connecticut State University

Department of Biology 181 White Street, Danbury, CT 06810

| | INSTRUCTIONS: | Your app | lication shou | uld include | the fo | ollowing | components. |
|--|----------------------|----------|---------------|-------------|--------|----------|-------------|
|--|----------------------|----------|---------------|-------------|--------|----------|-------------|

| The Application Form (this document) |
|---|
| One Letter of Recommendation |
| Your Current Resume And the official Transposint from with an army block and a leastifultion (a current death) on from a financial state. |
| An Unofficial Transcript from either your Undergraduate Institution (new students) or from WCSU (continuing students) |
| weso (continuing students) |
| APPLICATION SEMESTER: FALL or SPRING (circle one) |
| APPLICATION YEAR: |
| HAVE YOU EVER RECEIVED A GRADUATE ASSISTANTSHIP BEFORE: YES or NO (circle one) |
| IF YES, IN WHICH SEMESTER AND ACADEMIC YEAR? |
| Please Answer the Following Questions: |
| 1. What skills and techniques will you need to complete this research? |
| |
| |
| |
| |
| |
| |
| |
| 2. What skills and techniques (i.e., software, lab techniques, field techniques) have you used before in research? |
| |
| |
| |
| |
| |
| |

Graduate Assistant Application Form MS in Integrative Biological Diversity

Western Connecticut State University

Department of Biology 181 White Street, Danbury, CT 06810

Please email your completed application in the form of a single PDF file to the IBD coordinators at **ibdcoordinator@wcsu.edu** by **March 15**th (for Fall GAships) or **October 15**th (for Spring GAships).

| at I created the material submitted in this e: |
|--|
| |
| |
| |
| Date |
| te which assistantship you would prefer if |
| |
| |