APPLICATION FOR GRADUATE ASSISTANTSHIP
GRADUATE PROGRAM • DEPARTMENT OF CHEMISTRY • 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 CHEMISTRY — GRADUATE ADMISSIONS COMMITTEE
PO BOX 751 • PORTLAND OR 97207-0751
TELEPHONE — (800) 547-8887 •FAX — (503) 725-3888
WWW —http://www.chem.pdx.edu

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