

# QUINNIPIAC UNIVERSITY

## GRADUATE ASSISTANTSHIP REQUEST FORM

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Please submit this form if you would like to be considered for either an **academic** graduate assistantship or an **administrative** position.

**PLEASE SUBMIT THIS REQUEST AFTER YOUR ACCEPTANCE INTO A GRADUATE PROGRAM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

QU ID: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Program & Year in School: \_\_\_\_\_

Where residing during school year?    On Campus                      Off Campus

Which position are you applying for? \_\_\_\_\_

Please provide the hours you are looking to work, if known

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Please provide one work reference & contact information:

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| Name | Relationship | Email & Phone |
|------|--------------|---------------|
|------|--------------|---------------|

Have you worked for the University previously? \_\_\_\_\_

If so, what department: \_\_\_\_\_

**\*Please submit this for with your resume.**

Return completed from to:  
Office of Graduate Financial Aid – N1-GRD • 275 Mount Carmel Avenue, Hamden, CT 06518-1940  
Phone: 203-582-8588 • Fax: 203-582-4061 • Email: Gradfinaid@quinnipiac.edu