APPLICATION FOR GRADUATE ASSISTANTSHIP

Thank you for your interest in our graduate program. Please complete the following form. The decision to award an assistantship will be determined by all departmental faculty, and will be based on a composite evaluation of the student’s qualifications and the availability of funds.

1. Name: ____________________________________________________________________________
   Last,                                                      First                                                      Middle

2. Application number: _________________________________________________________________
   (You will be assigned a number once you complete the online application form.)

3. Indicate the degree program to which you are applying.
   o MS in Pharmaceutical Sciences           o PhD in Pharmaceutical Sciences

4. Indicate the formal option to which you are applying.
   o Health Outcomes Research and Policy Option
   o Medicinal Chemistry Option
   o Pharmaceutics Option
   o Pharmacology Option

5. Please indicate which of the following statements applies to you.
   o I do not require an assistantship.
   o I desire an assistantship, but would consider joining the graduate program if an assistantship was not available.
   o I require an assistantship to join the graduate program.