



Fairfield UNIVERSITY

APPLICATION FOR GRADUATE ASSISTANTSHIP SCHOOL OF NURSING GRADUATE PROGRAM

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

STUDENT EMAIL _____ STUDENT ID # _____

CELL PHONE NUMBER _____ HOME PHONE NUMBER _____

ACADEMIC SEMESTER YOU'RE APPLYING FOR: _____ *

CLASSES YOU'RE TAKING IN SEMESTER YOU ARE APPLYING FOR: _____

***Application deadlines: August 15th for fall semester; December 15th for spring semester**

Have you been admitted to our Graduate Program? No Yes

1. List your strengths (e.g., clinical, technical, computer and research skills):

List your clinical areas of interest: _____

2. Work availability: Days _____

Times _____

3. What are your sources of tuition support _____

4. Have you have been a graduate assistant for the School of Nursing? No Yes

If yes, when and with whom? _____

jm: 4/1/11

revised mwk: 11/13/13; js 7/30/15; 6/16/16; js/drc 11/28/18; 6/24/19