

Virginia Commonwealth University
Master of Science in Mathematical Sciences
Graduate Teaching Assistantship Application
(Please type or print)

Name _____

Last

First

Middle

Social Security Number _____

Address: _____

Street

City

State or
Country

Zip Code

Home Phone + Area Code _____

Other Phone + Area Code (specify work, cell, etc.) _____

Undergraduate Degree and Major _____

Institution _____

Date of Graduation _____

GPA (overall) _____

GPA (in major) _____

Virginia Commonwealth University does not discriminate with regard to race, color, sex, religion, or national origin. The information requested is for reports the University provides to Federal and State authorities and to other agencies collecting data on equal opportunity for education or employment.

Date of Birth _____

Gender _____

Month

Day

Year

Male

Female

Marital Status _____

U.S. Citizen _____

Yes

No

If not a U.S. citizen, give Visa status _____

If you have lived in the State of Virginia for 12 (twelve) consecutive months with the intention to remain permanently and with no intention to leave Virginia, please enter the city or county in which you live.

City or County _____

(please complete next page)

Have you taken the advanced (subject) part of the Graduate Record Examination? Yes _____ No _____
 If so, which subject? _____ Score _____ Percentile _____

Have you taken the general part of the Graduate Record Exam? Yes _____ No _____

What was your score on the general part? (give percentiles also)

Verbal _____ Quantitative _____
 Score Percentile Score Percentile

Qualitative _____
 Score Percentile

If you have not taken either part of the Graduate Record Examination (or one part but not the other) when do you plan to take those tests? _____

When do you wish to start your graduate work? _____

Which area do you intend to concentrate? (check one)

Mathematics _____ Applied Mathematics _____
 Operations Research _____ Statistics _____

A combination of two or more of the following areas:

Mathematics, Applied Mathematics, Operations Research, Statistics _____

Please specify which areas are to be combined _____

FOREIGN STUDENTS TOEFL Score _____ Date Taken _____
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The Department of Statistical Sciences & Operations Research and the Department of Mathematics & Applied Mathematics require three references, preferably from persons who have taught you or are in a position to comment on your academic and intellectual ability. Please give their names and addresses below. If these names are different from the names given on your graduate application form, please arrange for letters of reference to be sent to the address below.

REFERENCES

- Name _____
 Address _____
 City, State, Zip _____
- Name _____
 Address _____
 City, State, Zip _____
- Name _____
 Address _____
 City, State, Zip _____

PLEASE RETURN THIS FORM (BOTH PAGES) TO:

~~Dr. James M. Davenport, Director of Graduate Studies~~
 Department of Statistical Sciences & Operations Research
 P.O. Box 843083, Virginia Commonwealth University
 Richmond, Virginia 23284-3083
 Phone: (804) 828-1301, ext. 118 FAX (804) 828-8785

FOR OFFICE USE ONLY Date received _____
