

Georgia State University
Department of Physical Therapy
Graduate Research Assistantship Application

I. Name: _____ SSN: _____
Local address: _____
City, State, Zip: _____
Phone: _____ Email: _____

II. Permanent address: _____
City, State, Zip: _____

III. Indicate the semester(s)/year for which you are applying for an assistantship:

Spring, 20__ Fall, 20__ Summer, 20__

IV. Education

Degree seeking: _____ Major field of study: _____
Date entered current degree program: _____ Expected graduation date: _____
Current graduate GPA at GSU: _____

GRE scores: Verbal _____ Quantitative _____ Analytical _____ Date of exam: _____

Undergraduate degree

Institution: _____ Major: _____
Year of degree: _____ Undergraduate GPA: _____

Other graduate degrees

Institution: _____ Major field of study: _____
Type of degree: _____ Year of degree: _____ GPA at this institution: _____
Thesis/dissertation title: _____

Other formal training or post-secondary education (e.g., graduate program not completed, military, certification courses). Please specify:

Have you been an author on a peer-reviewed article or abstract? No Yes (If yes, give details below.)
