

**MARSHALL UNIVERSITY
DEPARTMENT OF COMMUNICATION STUDIES
APPLICATION FOR M.A. PROGRAM ASSISTANTSHIP**

NAME _____ SSN _____
Last First Middle

LOCAL ADDRESS _____ PHONE _____
Street Address

City State Zip

MU ID# _____ E-MAIL: _____

PERMANENT ADDRESS _____ PHONE _____
Street Address

City State Zip

UNDERGRADUATE SCHOOL:				
DEGREE	YEAR	MAJOR	G.P.A.	G.P.A. IN MAJOR
ACTIVITIES AND HONORS:				

GRADUATE RECORD EXAM (GRE) INFORMATION			
Have you taken the Graduate Record Exam (GRE)? YES _____ NO _____			
<u>DATE OF GRE</u>	SCORES		
	VERBAL:	QUANTITATIVE:	ANALYTICAL:

REFERENCES: List the names and addresses of references that you have asked to write to us

NAME	STREET	CITY	STATE	ZIP CODE
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NAME	STREET	CITY	STATE	ZIP CODE
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Are you interested in a Graduate Assistantship and tuition waiver? YES NO

Briefly describe why you are interested in Marshall University.

DATE _____ SIGNATURE _____

Please return to: Director of Graduate Studies, Dr. Edward Woods
(woods@marshall.edu; 304-696-3104) or fax 304-696-2814
Department of Communication Studies
Marshall University
Huntington, WV 25755