Marshall University

Department of Communication Studies Application for M.A. Program Assistantship

APPLICANT INFORMATION									
Last Name:		First:			MU ID#				
Street Address:									
City:		Sta	State:		ZIP:				
Phone:		E-m	E-mail Address:		'				
UNDERGRADUATE SCHOOL									
SCHOOL:		DEGREE:							
MAJOR:	GPA:		G.P.A. IN M		1AJOR:				
ACTIVITIES AND HONORS:									
GRADUATE RECORD EXAM (G	RE) INFORMAT	ION							
Have you taken the Graduate Record Exam (GRE)?									
Date of GRE?									
PLEASE LIST SCORES BELOW (if known)									
VERBAL:									
QUANTITATIVE:									
ANALYTICAL:									
REFERENCES									
List the names and addresses of references that you have asked to write to us									
Name									
Street Address									
City/State/Zip									
Name									
Street Address									
City/State/Zip									
Name									
Street Address									
City/State/Zip									

Briefly describe why you are interested in Marshall University.						

SIGNATURE				
Signature	Date			

ONCE COMPLETED, PLEASE RETURN TO:

Director of Graduate Studies, Dr. Cam Brammer

<u>Brammer@marshall.edu</u> P: 304-696-2810; F: 304-696-2814

Department of Communication Studies

Marshall University

Huntington, WV 25755-2632