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# Graduate Assistantship Application

Applicant Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Intended graduate degree/major \_\_\_\_\_

*Please provide a typed narrative outlining the reasons you are requesting a graduate assistantship.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

***\* Only applicants who have been accepted for graduate admission will be considered for an assistantship.***

*Please return to:*  
SUNYIT Graduate Center • 100 Seymour Road • Utica, New York 13502  
gradcenter@sunyit.edu • Phone: (315) 792-7347 • Fax: (315) 792-7221