

EXERCISE PHYSIOLOGY WVU SCHOOL OF MEDICINE

APPLICATION FOR GRADUATE ASSISTANTSHIP (Due **January 15)**

NAME: _____

Email address: _____

HOME ADDRESS: _____

TELEPHONE: Local _____ Home _____ Cell _____

SEMESTER TO BEGIN ASSISTANTSHIP: **Clinical Track** - Summer Semester _____
Thesis Track - Summer Semester _____ Fall Semester _____

ACADEMIC RECORD

GRE: Quantitative _____ Analytical _____ Written _____

College/University	Degree	Date	Major GPA	Cum GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Undergraduate Major Field: _____

Clinical or research laboratory skills:

Immunizations are up to date: **yes** _____ **no** _____ **Missing** _____
(see: downloadable immunization form)

Prior work experience: (Nature, full/parttime, length of experience):

