# THE UNIVERSITY OF MEMPHIS ART DEPARTMENT

MEMPHIS, TENNESSEE 38152 (901) 678-2216 fax: (901) 678-2735

#### **Application for Graduate Assistantship in Art History**

Name:				
Present Address:				
Permanent Address:				
Present Phone:				
Resident of (state):	Nationality:	<del></del>		
Current College:				
Education:				
Name of Institution Loca	tion from-to Major	Degree		
Degrees you now hold:				
If no undergraduate degree, when do you expect to graduate?				
Overall undergraduate G.P.A. (on a 4-point s	•			
	<u>oaic).</u>	<u>o.                                    </u>		
Experience and Employment:  Agency Location	Position	from-to		

Skills and Experience: Graduate such as secretarial work, shop mand experience, educational and	aintenance, and	teaching. Lis	t any specialized skills		
Briefly explain why you are apply fit in with you ultimate goals:	ring for an assista	ntship and h	ow such a position migh		
	Signature		Date		
Two letters of reference are requarea. Form letters are provided for		e from a facu	ulty member in your majo		
List the references to whom you	are sending requ	ests:			
Name	Title/Rank		Institution/Addre		
For Office Use Only					
Assistantship Recommended:	Yes_	<u>No</u>	Туре:		
Hours per week:	Stipend:	Starting	g/ending dates:		
Approved:					
Area Grad	uate Advisor		Date		
Departmen	nt Chairman		Date		

### THE UNIVERSITY OF MEMPHIS

#### ART DEPARTMENT

Advisor for Graduate Studies in Art History Memphis, Tennessee 38152 (901) 678-2216 Fax (901) 678-2735

Please return this form to the address above by:

Letter of Reference		
	Name of Applicant	
	**	
applicant. If possible, describe qualifications for teaching, and	now long and in what capacity you the applicant's artistic ability and/or personal characteristics. How worsfully entering his/her specialty?	or scholarly aptitude,
Name:	Rank/Position:	
Institution:	Address:	
Signature:	Date:	

## THE UNIVERSITY OF MEMPHIS

#### ART DEPARTMENT

Coordinator of Graduate Studies Memphis, Tennessee 38152 (901) 678-2216 Fax (901) 678-2735

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	11			
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Institution:	Address:			
Signature:	Date:			