

**GRADUATE ASSISTANTSHIP APPLICATION**



**CANISIUS COLLEGE**  
**Department of Physical Education, Health & Sport Studies**  
**2001 Main Street; Buffalo, New York, 14209-1098**  
**Phone: (716) 888-2960 Fax: (716) 888-8445**

---

*Please Print or Type:*

**NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MI)

**PRESENT ADDRESS:** \_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

**PHONE:** \_\_\_\_\_  
(AREA CODE & PERMANENT) (AREA CODE & CELL)

**EMAIL :** \_\_\_\_\_

**EDUCATIONAL HISTORY: (Undergraduate/Graduate):**

*Institution Dates Attended Major/Credits Earned Degree Date*

---

---

---

**REFERENCES:** *Please have your listed references below forward a letter to support your application for an Assistantship to our above address and to the Attention: Dr. Jeff Lindauer, Chair*

*\*\*\* (Please include References' Title, Full Name and Address, Phone & Email) \*\*\**

Reference #1:

Reference #2:

Reference #3:

**\*\*\*CONTINUED ON REVERSE\*\*\***

NAME: \_\_\_\_\_

Page 2

CERTIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

ACADEMIC/PROFESSIONAL HONORS: (GPA): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE/NATIONAL CONFERENCES ATTENDED: \_\_\_\_\_

\_\_\_\_\_

\*\* ATTACH RESUME

Date of Submitted Application: \_\_\_\_\_

Signature: \_\_\_\_\_