University of Massachusetts Lowell
Department of Electrical and Computer Engineering

Application for Assistantship

Name:_____

Address: _____

City: _____State: _____ Zip Code: _____

Email Address: _____Phone #: _____

Graduate Program: _____

Credits Remaining for degree (including thesis): _____

Number of Years as a TA: _____ GPA: _____

Thesis/Dissertation Advisor at UML: _____

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Undergraduate Degree: _____GPA: _____

School where Degree Awarded: _____
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References
Name:_____Title: _____