

**THE UNIVERSITY OF IOWA  
DEPARTMENT OF CHEMISTRY  
APPLICATION FOR GRADUATE TEACHING ASSISTANTSHIP**

Name: \_\_\_\_\_

Present address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Gender:  Male  Female Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship:  U.S. citizen  U.S. permanent resident  Non-U.S. citizen \_\_\_\_\_  
Country of citizenship

If you are 1) a minority student, and 2) funds are available to support minority students, would you be interested?  Yes  No

Degree objective:  Ph.D.  M.S.  M.S. non-thesis

| College/University attended: | Dates attended | GPA   | Degree |
|------------------------------|----------------|-------|--------|
| _____                        | _____          | _____ | _____  |
| _____                        | _____          | _____ | _____  |

GRE Scores/Percentiles: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ AW \_\_\_\_\_ Subject \_\_\_\_\_

If GRE not available, indicate date of examination: \_\_\_\_\_

Honors, teaching experience, research experience, or other pertinent information:

Area of chemistry that is of the most interest to you as a field of graduate research: \_\_\_\_\_

Name, address, and title of three people that you are asking to write letters of recommendations:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

For which semester are you applying? \_\_\_\_\_

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

The University of Iowa Department of Chemistry requests the above information for the purpose of making a decision about your application. No other University personnel are routinely provided with this information.

Please mail this application, letters of recommendation, and transcript(s) to: **Graduate Admissions Committee, The University of Iowa, Department of Chemistry, E227 CB, Iowa City, IA 52242-1294**