

University of Massachusetts Lowell Department of Electrical and Computer Engineering



Application for Assistantship

Name:			
Address:			
City:	State:	Zip Co	de:
Email Address:		_Phone #:	
Graduate Program:			
Credits Remaining for degree (inclu	iding thesis):		
Number of Years as a TA:		GPA:	
Thesis/Dissertation Advisor at UMI			
Undergraduate Degree:			
School where Degree Awarded:			
References: Name: Address:			
Name:Address:			
<u>Attachments:</u> 1. Resume			
Student Signature: Student ID Number:			Date: