

SUMMARY SHEET - PHYSICS PROGRAM

GRADUATE ASSISTANT APPLICATION

SEMESTER ENTERING: FALL _____ SPRING _____

NAME : _____

Last (Family)

First

Middle

MAILING ADDRESS _____

PHONE: (Home _____ (Work) _____

FAX: _____ EMAIL ADDRESS: _____

DEGREES AWARDED/EXPECTED:

Bachelor's Degree

University/College: _____

State/Country: _____

Date Awarded _____ Field of Study: _____ Grade Point Average: _____

Master's Degree

University/College: _____

State/Country: _____

Date Awarded: _____ Field of Study: _____ Grade Point Average: _____

GRADUATE RECORD EXAM SCORES (please do not submit this form without GRE scores)

Verbal _____ raw score _____ percentile

Quantitative _____ raw score _____ percentile

Analytical (optional) _____ raw score _____ percentile

Physics _____ raw score _____ percentile

TOEFL Score: _____ Examination Date: _____

If you have any questions, contact us by:

Phone: (808) 956-7087

Fax: (808) 956-7107

Email: physics@hawaii.edu

MAIL TO:

Graduate Chair
Department of Physics and Astronomy
University of Hawaii, 2505 Correa Road
Watanabe Hall 416, Honolulu, Hawaii 96822