



THE UNIVERSITY OF MISSISSIPPI

NUTRITION AND HOSPITALITY MANAGEMENT

THE SCHOOL OF APPLIED SCIENCES

GRADUATE ASSISTANTSHIP APPLICATION

Your application will be considered when you have been admitted in full standing to the graduate program in Food and Nutrition Services.

Name: _____ Social Security Number _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

E- Mail Address: _____ Cell phone: _____

Semester for which you are applying: _____ Year _____

Please briefly describe your professional goals and how a graduate assistantship would help you accomplish these goals.

Special skills/knowledge which you possess: (For example; computer skills, research skills, etc.)

Type of assistantship that you are interested in (check all that apply):

Administrative

Research

Teaching

Work experience: Please attach resume.

Three References – Please provide names, email addresses and/or phone numbers and relationship to applicant.

**Return to: Department of Nutrition and Hospitality Management
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 P.O Box: 1848
 University, MS 38677
 Phone: (662) 915-7371 FAX: (662) 915-7039**