

APPLICATION
for Graduate Student Assistantship
OPTICS LABORATORY

Instructions: Send completed form to Prof. Tom Gaylord (tgaylord@ece.gatech.edu) together with a copy of your one-page or two-page resume.

Date _____

Name _____

Year in Graduate School _____

Technical Area(s) _____

Have you been a Georgia Tech employee previously? _____ If so, with whom did you work and in what department? _____

Grade Point Average _____

Georgia Tech 9-Digit Student No. _____

Georgia Tech Prism ID No. (such as jadams9) _____

Telephone No. _____

Class Schedule (attach a copy of your class schedule or enter into the form below)

	M	Tu	W	Th	F
8					
9					
10					
11					
12					
1					
2					
3					
4					
5					

(SAAppl9.frm.doc)