



**University at Buffalo**  
*The State University of New York*

Department of Electrical Engineering  
School of Engineering and Applied Sciences

**Application for Teaching Assistantship**

*Please complete and return form and attachments to:*

Department of Electrical Engineering  
State University of New York at Buffalo  
230 Davis Hall  
Buffalo, NY 14260

*For Research Assistantship opportunities, please contact faculty members in your area of interest. The faculty, their research areas, and e-mail addresses are available at [www.ee.buffalo.edu](http://www.ee.buffalo.edu).*

**Name:** .....  
Last First

**Current Address:** .....  
.....  
.....

**Phone:** Cell ..... Work .....

**E-mail:** .....

**Undergraduate School:** .....  
GPA ..... Year Completed ..... Degree Completed .....

**Graduate School:** .....  
GPA ..... Year Completed ..... Degree Completed .....

**SCORES:**  
**GRE:** Q ..... A ..... V ..... **TOEFL:** ..... **SPEAK :** .....

**Area of Interest:** .....

**Degree Program:** .....  
(Master of Science or Ph.D.)

**Advisor's Name:** .....

**Student Signature** ..... **Date** .....

Attach a one page resume and your transcript.