LSU
LOUISIANA STATE UNIVERSITY

MASTER OF ARCHITECTURE PROGRAM
SCHOOL OF ARCHITECTURE

_____

Graduate Assistantship Application

Information

_____

Applicant's name (please print or type)   Student ID Number

_____

Address (include street, city, state, and zip code)

_____

Undergraduate degree   Institution

_____

Email address   Previous semester GPA   Accum. GPA

Applying for (circle one)   *fall semester*   *spring semester*

Ability

Please estimate your ability in the following areas:

	Top 5%	Top 10%	Top 20%	Average	Unknown
Woodshop/Metalshop					
Criticism/Editing					
Computer/CAD Knowledge					
Drawing & Graphic Design Abilities					
Teaching/Course Assistance					
Coastal Sustainability Studio					
Research					

Interest

What are your career goals in architecture?

_____

Signature   Date

Mailing Address

Please mail the form directly to Louisiana State University; School of Architecture; 136 Atkinson Hall; Louisiana State University, Baton Rouge, LA 70803-5710 or FAX to (225) 578-2168.