APPLICATION FOR TEACHING FELLOWSHIP
DEPARTMENT OF PHYSICS, UNIVERSITY OF HOUSTON

Name _____ SS# _____ Male ____ Female ____
Current Address _____
No. Street City State Zip
Home Address _____
No. Street City State Zip
(Check address to which you want notices sent)
Telephone _____ Fax _____ email _____
Date of Birth _____ Citizenship _____

Schools attended and degrees received:

College or University	Major	Degree	Date

Date you wish to enter University of Houston: Sept _____ Jan _____ 19_____
Principal areas of interest: _____ Space _____ Condensed Matter
_____ Particles _____ Theoretical
_____ Fluids _____ Undecided
Degree Objective: _____ M.S _____ Ph.D. _____ M.S Plan II (non-thesis)
Do you intend to enroll full-time? _____ Yes _____ No
Persons whom you have asked to write us on your behalf:
_____ Address _____
_____ Address _____
_____ Address _____
Academic honors or prizes: _____
Teaching or professional experience: _____
Other experience: _____
Overall GPA (A=4.0) _____ Last 60 hours GPA _____

GRE Scores
Verbal _____ Quantitative _____ Advanced Physics _____

I am applying for a Teaching Fellowship for the:
Fall Semester __ Spring Semester __ Fall and Spring Semesters __ Beginning in 19____
Support is vital to my undertaking graduate studies during my first semester or year:
_____ Yes _____ No
Signature: _____ Date: _____

Mail To: Chairman, Graduate Studies, Department of Physics
University of Houston, Houston, TX 77204-5506