



Center for Transportation Studies
 University of Missouri – Saint Louis
 Assistantship for Graduate Studies
 Graduate Research Assistant
APPLICATION FORM



PERSONAL INFORMATION

First Name:	Last Name/Surname:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		
City:	State, ZIP Code:	Country:
Telephone:	Email:	

ACADEMIC INFORMATION

Semester you started (will start) at UMSL: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____	Have you previously applied for this Assistantship at the Center? <input type="checkbox"/> No <input type="checkbox"/> Yes
Degree Sought at UMSL:	Month/Year applied: /

EDUCATIONAL BACKGROUND

Current College / University (If you have already graduated, write the name of the last attended College/ University) :	Graduation Date / Expected Date of Graduation (mm/dd/yy): / /	
City:	Degree:	
Country:	GPA:	GMAT Score:
<input type="checkbox"/> I have attached Official Copy(s) of Transcripts. <input type="checkbox"/> I have provided the Names and Contact Information for TWO Recommendations.		

List ALL previous colleges/universities attended, including University of Missouri – St. Louis.

Name of College/University	Month/Year Attended	Major	Degree Rec'd.(if any)	Date Rec'd
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.....				
.....				

EMPLOYMENT HISTORY

List any full-time, part-time, or summer employment. Briefly describe your duties and responsibilities (Attach additional sheets, if necessary) :

ESSAY QUESTIONS

Please respond to each of the following questions on separate sheets, and attach them to this application form.

- 1- Describe your career goals, and the role you see for this degree in reaching these goals. Use approximately 400 – 500 words.
- 2 - Write a short paragraph discussing how a degree in Transportation/Supply Chain Management/Logistics would prove helpful for your career.
- 3 - Indicate any special circumstances you believe the admissions committee should consider in evaluating your application.

SIGNATURE

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION OF MY RECORDS MAY BE CAUSE FOR THE CENTER FOR TRANSPORTATION STUDIES TO VOID EITHER MY SCHOLARSHIP, ASSISTANTSHIP OR TO TAKE OTHER APPROPRIATE ACTION.

Print Name above line

Signature

Date

Send application form to :
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