ASSISTANTSHIP APPLICATION

This form is for assistantships only. Assistantships are awarded on the basis of demonstrated achievement in both academic and professional fields as well as on future promise. These are the areas to which you should address yourself.

1. Briefly outline your undergraduate history:________________________________________________________
   Undergraduate Institution:_____________________________________________________
   Major course of study:_____________________________________________________________
   Undergraduate GPA:________________________________________ Overall_________________
   Major Overall

   GRE Score
   Significant coursework:_____________________________________________________________
   Research:___________________________________________________________
   Special projects:_______________________________________________________________
   Honors/Activities:_____________________________________________________________

2. Briefly outline your work experience including part-time work during school, full-time employment and summer employment. Begin with your most recent position and work backwards. You may use an additional sheet if necessary.

   Place of employment:___________________________________________________________
   Job Title:_________________________________________________________________
   Major responsibilities:_________________________________________________________
   Dates:_____________________________________________________________________

3. Briefly outline any particular skills you would bring to an assistantship:

   Language competency:
   Language speak read write
   Language speak read write

   Computer literacy:_____________________________________________________________
   Office Equipment:_____________________________________________________________
   Typing/Word processing:_______________________________________________________
   Other:_______________________________________________________________________
4. Please take this opportunity to give any additional information which you feel should particularly influence the committee on admissions and assistantships in its consideration of your application.
DEPARTMENT OF ECONOMICS  
P.O. BOX 248126  
CORAL GABLES, FL 33124-6550

Dear Applicant:

Enter your name and address below. Give or send a copy of this form to two of your previous instructors who are able to comment on your qualifications for graduate study. If you were graduated some years ago and find you cannot obtain references from instructors, you may send this form to business references. When the attached envelope is returned to you by the evaluator, it should be included with all other required application documents in the enclosed reply envelope addressed to: Admissions Office, Graduate Programs in Economics, P.O. Box 248126, University of Miami, Coral Gables, Florida 33124-6550.

Note to Applicant: After you have filled out the two lines below, please carefully read the statement regarding the Family Educational Rights and Privacy Act of 1974; check the response you wish to make; date and sign your name.

Applicant_______________________________________________________________________________

____ last name first name middle name

Address: ____________________________
street city state zip

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

Under the provisions of the Act you have the right, if you enroll at the University of Miami, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please indicate below by checking the appropriate phrase and signing your name whether or not you wish to waive this right to review your letters of recommendation. NOTE that signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admissions process.

I waive ______ do not waive ______ any right to review letters of recommendation.

Applicant's signature: __________________________ Date: __________________________

For your information letters of recommendation are used only for admission purposes and are not available to university personnel after a student is admitted to the university unless so requested by the student.

Note to Evaluator: Your assessment of the applicant's qualifications for graduate work leading to the Ph.D./M.A. degree is available to the student after his enrollment to the university unless he has waived this right (see above). Please feel free to include anything which bears upon the individual's future academic or professional career.

1. How long have you known the applicant? ____________________________________________________________________________________

   In what capacity? ____________________________________________________________________________________

2. What is your estimation of the applicant's principal strengths as they bear on participation in a Ph.D/M.A. Program?
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

3. What are the applicant's principal weaknesses in this respect?
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
4. Do you consider the applicant's achievements thus far to be a true indication of his ability? ______________________
If "No", why not? __________________________________________

5. Please evaluate the applicant according to the following criteria by checking the appropriate boxes.
Academic evaluators should compare the applicant to a representative group of students who have had approximately the same number of years of education and experience. Non-academic evaluators should use some other relevant group.

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6. You may use the remainder of the space on this page for additional comments or attach extra sheets as necessary. __________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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7. Check one: ___ I recommend the applicant. _____ I do not recommend the applicant.

NAME OF EVALUATOR - PLEASE PRINT OR TYPE:

NAME: ___________________________ SIGNATURE: ___________________________

POSITION: _______________________ ORGANIZATION: _______________________

ADDRESS: ________________________ DATE: __________________________