



THE UNIVERSITY OF MISSISSIPPI

## NUTRITION AND HOSPITALITY MANAGEMENT

THE SCHOOL OF APPLIED SCIENCES

### GRADUATE ASSISTANTSHIP APPLICATION

*Your application will be considered when you have been admitted in full standing to a graduate program in Nutrition and Hospitality Management.*

Name: *Type Here* \_\_\_\_\_

Current Mailing Address: *Type Here* \_\_\_\_\_

City: *Type Here* \_\_\_\_\_ State: *Type Here* \_\_\_\_\_ Zip: *Type Here* \_\_\_\_\_

Permanent Mailing Address: *Type Here* \_\_\_\_\_

City: *Type Here* \_\_\_\_\_ State: *Type Here* \_\_\_\_\_ Zip: *Type Here* \_\_\_\_\_

E- Mail Address: *Type Here* \_\_\_\_\_ Cell phone: *Type Here* \_\_\_\_\_

Semester for which you are applying: *Type Here* \_\_\_\_\_ Year *Type Here* \_\_\_\_\_

Student in:

M.S. in Food and Nutrition Services

Ph.D in Nutrition and Hospitality Management

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Please briefly describe your professional goals and how a graduate assistantship would help you accomplish these goals.

*Type Here*

Special skills/knowledge which you possess: (For example; computer skills, research skills, etc.)

*Type Here*

**Type of assistantship that you are interested in (check all that apply):**

\_\_\_\_\_ **Administrative**

\_\_\_\_\_ **Research**

\_\_\_\_\_ **Teaching**

**Three References:**

**Please provide names, email addresses and/or phone numbers, and relationship to applicant.**

**Reference One**

*Name:                   Type Here*

*Email:                   Type Here*

*Phone Number:    Type Here*

*Relationship to Applicant:                   Type Here*

**Reference Two**

*Name:                   Type Here*

*Email:                   Type Here*

*Phone Number:    Type Here*

*Relationship to Applicant:                   Type Here*

**Reference Three**

*Name:                   Type Here*

*Email:                   Type Here*

*Phone Number:    Type Here*

*Relationship to Applicant:                   Type Here*

**EMAIL THE COMPLETED FORM AND YOUR RESUME TO:**

**Dr. Yunhee Chang**

**Email: chang@olemiss.edu**