Christopher Newport University

Department of Physics, Computer Science and Engineering

Research Assistantship Application Form

The information requested below is required for review of the application and administration of the program. Please type or print clearly.

1. APPLICANT

Name _____ __
Last **First** **Middle**

Current Address

_____ __

_____

Phone _____ **Date** _____

Target Concentration

- ❑ **Computer Science**
- ❑ **Computer Systems Engineering and Instrumentation**
- ❑ **Applied Physics**

Undergraduate University _____

Undergraduate Major _____

Graduation Date _____

Undergraduate GPA _____ **Out of** _____

GRE Scores _____ **CNU Advisor** _____

Date of Enrollment in MS Program _____

2. PREFERRED AREAS OF RESEARCH

_____

_____

3. CITIZENSHIP _____

Please have a letter of recommendation sent to:
Program Coordinator, MSAPCS
Department of Physics, Computer Science and Engineering
Christopher Newport University
1 University Place
Newport News, VA 23606