

Madonna University Forensic Science Program
Graduate Assistant Application

Name: _____

Permanent Address: Local Address: (if different from permanent)

For summer correspondence, check which address to use: _____ permanent _____ local

Phone Number: (_____) _____ E-mail Address: _____

Currently Enrolled? _____ (Y) _____ (N) Term You Plan To Enter: _____

Colleges or Universities Dates Degree(s) Major Field Attended Received of Study

Laboratory Work Experience:

Other Special Skills:

I hereby certify that the facts set forth in this application for a graduate assistantship are true and complete to the best of my knowledge. I understand that if I receive an assistantship, any falsified statement herein is considered sufficient cause for dismissal. I understand that information concerning past employment, references, education and other facts are subject to inquiry. I have read and understand the rules and regulations of an assistantship and the two-year time limit (six consecutive semesters). I agree to abide by the regulations governing the assistantship program.

Signature of Applicant

Email this application along with your resume to jlzorate@madonna.edu by May 1st, 2026