

The University of Arizona
College of Nursing, Division of Nursing Practice
Graduate Assistant/Associate Application

Name: _____

Date: _____

CONTACT INFORMATION:

Home phone: _____

Mailing address: _____

Work phone: _____

Cell phone: _____

Pager number: _____

Other: _____

E-mail address: _____

GA Position for which you are applying: _____

Available start date: _____

Current Licensure: _____

Academic or Professional Reference: _____

Title: _____

Phone: _____

Email: _____

Write a brief statement detailing your qualifications and experience as relevant to the GA position to which you are applying (continue on reverse or additional page if needed):

Submit application and CV to requesting PI/Faculty member at:

UA College of Nursing
1305 N. Martin, P.O. Box 210203
Tucson, Arizona 85721-0203