

**Undergraduate Research Assistant Program  
Application Form  
2015-16 Fiscal Year**

**Faculty Form**

**(Note: Submit Faculty and Student forms together)**

Name\_\_\_\_\_

Department/School:\_\_\_\_\_

Project Title:\_\_\_\_\_

Project Description: (Approximately 500 words. Please attach to this application)

Please provide:

1. Detailed description of the research/scholarly or creative activity, its purpose, procedures to be followed, estimated schedule or time line, etc.
2. Responsibilities of Student Research Assistant
3. Required skills and abilities
4. What do you expect the student to learn from participation in the above research project?

Name of Requested Student:\_\_\_\_\_

Please state why this student is appropriate for the project :\_( please include any past classroom or work experience with the student.)

Quarters applied for:

( ) Summer, 2015      ( ) Autumn, 2015      ( ) Winter, 2016      ( ) Spring, 2016

Do you currently have an undergraduate or graduate student assistant?      ( ) yes ( ) no

If yes, how many hours per week does this student work for you? \_\_\_\_\_

Have you previously been assigned a Student Research Assistant?      ( ) yes ( ) no

If yes, please provide information (only on last two)

Student\_\_\_\_\_Quarter\_\_\_\_\_Year\_\_\_\_\_

Student\_\_\_\_\_Quarter\_\_\_\_\_Year\_\_\_\_\_

Faculty

Signature\_\_\_\_\_Date\_\_\_\_\_

Student

Signature\_\_\_\_\_Date\_\_\_\_\_

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**Student Form:**

**(Note: Faculty and Student forms are to be submitted together)**

Name \_\_\_\_\_  
Major \_\_\_\_\_  
Minor \_\_\_\_\_  
Student ID Number \_\_\_\_\_ ( ) Soph ( ) Jr ( ) Sr  
Total Credit Hours Earned \_\_\_\_\_  
Graduation Expected \_\_\_\_\_ Cumulative G.P.A. \_\_\_\_\_  
Have you previously applied for a Research Assistantship? ( ) Yes ( ) No  
If yes, have you previously received a Research Assistantship? ( ) Yes ( ) No  
If yes, please provide information (only on last two)  
Faculty Member \_\_\_\_\_ Quarter \_\_\_\_\_ Year \_\_\_\_\_  
Faculty Member \_\_\_\_\_ Quarter \_\_\_\_\_ Year \_\_\_\_\_  
Will you have other jobs during the time of this Assistantship? ( ) Yes ( ) No  
If yes, how many hours per week?  
Do you currently work elsewhere in the University? ( ) Yes ( ) No  
If yes, where? \_\_\_\_\_

List your Research Interests: (topics, problems and issues interested in pursuing.

Research Skills/Abilities: List your skills and abilities related to research and creative activities (i.e., library research, collection of survey or interview data, statistical analysis skills, etc.)

Attach a copy of your transcript to this application.

School Address:  
Permanent Address (if different than school address):  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_

Student  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_