

# APPLICATION FOR RESEARCH ASSISTANT POSITION

Name  Phone

Email  Year in School

Faculty Member you would like to work with: Dr. Seligman Dr. Hovey Dr. Talavera-Garza

Have you completed CITI Training? Do you speak Spanish?  
Yes No Yes, fluently Yes, some No  
(If yes, please attach your certificate)

Please check each of the classes that you have taken and enter the grade you received.

Research Methods	<input type="text"/>	Abnormal Psychology	<input type="text"/>
Statistics	<input type="text"/>	Child Psychopathology	<input type="text"/>

How many hours can you work per week? Are you interested in enrolling for course credit?  
 Yes No

For each of the days below, list the times that you are available to work on projects.

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>
Saturday	<input type="text"/>

If there is anything else you would like considered when your application is reviewed, please include below.