APPLICATION FOR RESEARCH ASSISTANTSHIP (UCC 402)

_____________________________ has permission to register for UCC 402

(Name of student)

for _____ credit hours during the ______________ 20____ semester.

Student’s Record

Total number of credit hours passed ______ Grade point average _______

Number of credit hours passed in major ______ GPA in major ________

Discuss the significance of work as a research assistant for this student’s program, educational goals, and/or career goals. ________________________________

_____________________________________________________________________

Student’s Responsibilities

Describe duties: ______________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Total number of hours per week the student will spend on responsibilities ______________

Method of Evaluation of Student’s Performance (be specific, e.g., number or frequency of meetings with supervisor, amount and kind of written work, etc.) ______________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

(Student’s signature) (date) (Instructor’s signature) (date)

Registration complete (date): ______________ (Chair’s signature) (date)

(Registrar’s signature) (Associate Dean’s signature) (date)

Note: UCC 402 is not credited toward an instructor’s reduction of load.