CAN Lab Research Assistant Application

Contact Information		
Name		
Date		
E-mail address		
Best number to reach you		
Major		
Year in school		
Expected graduation date		
Current GPA		
Availability		
What days and times are you available to work in our lab?		
How many hours/week can you commit? hours/week		
How many semester can you commit to working with us? semester(s)		
Interest		
Why are you interested in working in the CAN lab?		

Career goals		
What are your long-term career plans and goals?		
Special skills and qualification	ons	
Please tell us what special skills and qualifications you have from past employment, volunteer work, or through other activities.		
Do you speak another language fluently? If so, which one(s)?		
Emergency contact informati	ion	
Name		
Relationship to you		
Work phone		
Home phone		
Cell phone		
Street address		

City, State, Zip	
Email address	

Agreement and signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a research assistant, I will commit to the number of hours designated in this application.

Name	
Signature	
Date	

Instructions for submission

Please email a copy to Liz Conradt at liz.conradt@duke.edu.