

APPLICATION FOR PSYC/EPSY RESEARCH ASSISTANT

Name: _____ Local Phone: _____

Other phone: _____ Email: _____

Classification: _____ Major: _____ Major GPA: _____

What departmental independent study would you like to enroll? (please check one)

- EPSY 485 EPSY 491
 PSYC 485 PSYC 491

Do you have reliable transportation? Yes or No If not, are you willing to car pool? Yes or No

Non-English Languages Spoken: _____

Please circle your level of language proficiency in the language listed above:

Beginner	<ul style="list-style-type: none">• Have basic vocabulary and can read language (e.g., elementary books)• Understand the gist of discussions, when the speaker speaks slowly and use simple sentences• Cannot hold conversation in language for more than 10 minutes• Does not understand television program in native language
Proficient	<ul style="list-style-type: none">• Have adequate vocabulary and can read text• Can hold informal conversations, but cannot translate• Understands almost everything said in language
Fluent/Bilingual	<ul style="list-style-type: none">• Can hold various types of conversations• Comprehends language even dialectical/regional differences• Can translate between language• Writes and reads in language

How can you be best reached during semester breaks? _____

Psychology and Education courses taken:

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Describe your previous volunteer and work experience with children, families, and teachers:

Previous research related experiences (If you worked on a research team, please list the name of the faculty advisor and position, duties and responsibilities, and acquired skills):

Research Experience/Faculty Advisor	Position/Duties	Acquired Skills

Describe your previous volunteer and work experience with children and families:

Please tell us any additional skills not previously discussed that you think will be an asset to our research study:

LIST TWO FACULTY MEMBERS AS REFERENCES:

Name of Faculty/Email address	Department	Course Taken/Semester

LIST WORK/VOLUNTEER REFERENCES, IF RELATED TO EXPERIENCE WITH CHILDREN AND FAMILIES:

Name of Supervisor	Agency/Organization	Phone Number

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Please attach a print out of your class and work schedule for semester that you wish to apply. List your availability here by blocking off times that you are not available.

		Day of Week						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time of Day	8:00 AM							
	8:30							
	9:00							
	9:30							
	10:00							
	10:30							
	11:00							
	11:30							
	12:00 PM							
	12:30							
	1:00							
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	3:30							
	4:00							
	4:30							
	5:00							
	5:30							
	6:00							
	6:30							
	7:00							
	7:30							
8:00								

Name: _____

Phone #: _____

Email: _____

Please return completed application to:
 702 C Harrington Tower
 Texas A&M University
pralab@tamu.edu
 (979) 862-4322