

## SHORT TERM RESEARCH ASSISTANT FORM

*If you wish to remain on campus as a Research Assistant during Short Term, please return this signed, completed form to the Housing Office in Chase Hall.*

Name \_\_\_\_\_

ID# \_\_\_\_\_ Box # \_\_\_\_\_ Campus Residence \_\_\_\_\_

Name of Faculty Member requesting assistant: \_\_\_\_\_

Description of research project: \_\_\_\_\_

Is the project part of a grant? Yes  No  Will student be paid for research? Yes  No

Will the student be engaged in research for a minimum of 20-30 hours per week? Yes  No

How long will the student be engaged in the research? From \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Faculty Member's signature \_\_\_\_\_

Date

Student researcher's signature \_\_\_\_\_

Date