

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 & Residence Life Office in Lane Hall.

Name _____

ID# _____ Box # _____ Campus Residence _____ Room _____

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 15 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