

RESEARCH ASSISTANT SCHEDULE

NAME: _____

QUARTER: _____

Please list the times that you are available this quarter to work below. Do not list increments shorter than 1 hour. Indicate your preferred times by boldfacing, italicizing, or circling those hours.

<u>DAY</u>	<u>TIMES</u>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

ARE YOU AVAILABLE/INTERESTED IN WORKING IN THE EVENINGS? _____ Yes _____ No

If yes, please indicate the evenings and times you are available above.

ARE YOU AVAILABLE/INTERESTED IN WORKING WEEKENDS? _____ Yes _____ No

If yes, please indicate the times you are available: Saturday _____ Sunday _____

ASIDE FROM CLASS, WHAT OTHER SCHEDULED OBLIGATIONS DO YOU HAVE (ORGANIZATIONS, EMPLOYMENT, ETC.)? _____

IS THERE ANYTHING ELSE YOU'D LIKE TO TELL US ABOUT YOURSELF? _____

PLEASE PROVIDE THE NAMES AND EMAIL ADDRESSES OR PHONE NUMBERS OF A STANFORD-AFFILIATED FACULTY OR STAFF REFERENCE. THIS MAY INCLUDE PROFESSORS, INSTRUCTORS, ADVISORS, OR EMPLOYERS:

Name _____ Position/Affiliation _____ Contact _____

Please return your completed application to the Lab Manager, Kathryn Segovia, at kathrynr@stanford.edu. If you have any questions, please contact Kathryn or Dr. Bailenson at bailenson@stanford.edu.