



UNIVERSITY OF CALIFORNIA
 BERKELEY PSYCHOPHYSIOLOGY LABORATORY

APPLICATION FOR RESEARCH ASSISTANTSHIP

DATE _____

APPLICANT INFORMATION

NAME _____
LAST FIRST MIDDLE

COLLEGE YEAR 1st 2nd 3rd 4th OTHER _____

COLLEGE MAJOR _____ GPA _____

EMAIL _____ PHONE _____

ADDRESS _____
STREET SUITE/APT#

CITY STATE ZIP

AVAILABILITY

HOW MANY HOURS PER WEEK COULD YOU WORK? _____

WHEN COULD YOU START? _____

CAN YOU CONTINUE THROUGH THE (PLEASE SELECT)

- SPRING TERM YES NO
- SUMMER TERM YES NO
- FALL TERM YES NO

PLEASE DESCRIBE YOUR PREVIOUS EXPERIENCE USING (WINDOWS) COMPUTERS AND YOUR LEVEL OF PROFICIENCY USING SPECIFIC SOFTWARE PROGRAMS (E.G., MICROSOFT WORD – MODERATE PROFICIENCY, IBM SPSS – SOME EXPERIENCE, R – EXPERT):

PLEASE DESCRIBE YOUR PREVIOUS RESEARCH OR RELEVANT WORK/VOLUNTEER EXPERIENCE:

PLEASE DESCRIBE YOUR MOTIVATION FOR SEEKING THIS POSITION, INCLUDING WHETHER THERE ARE PARTICULAR SKILLS YOU WOULD LIKE TO GAIN, OR SUBSTANTIVE AREAS YOU WOULD LIKE EXPERIENCE IN:

UPON COMPLETION, SAVE A COPY OF THIS PDF WITH YOUR NAME.

Email completed applications to:
scottnewton@berkeley.edu