Infant Cognitive Development Lab   Date _____
Graduate Center, Room 111, 112
701-231-8873
NDSU.infant.research@ndsu.edu

Research Assistant Information

Name: _____   Phone#:_____

Email: _____   Cell#:_____

Applying for: Fall ___   Spring ___   Summer ___   Credit: HDFS 496   PSYC 494

Year in School: _____   Major: _____

Courses taken in development, cognition, or research methods: _____

_____

Other labs you have worked in: _____

_____

Experience with infants, children, or parents: _____

_____

Please indicate any two hour (or more) periods during which you will be available to work. The more times during which you are available, the more likely you are to get a placement. Place an * by those you would most prefer to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 -						
10:00 -						
11:00 -						
12:00 -						
1:00 -						
2:00 -						
3:00 -						
4:00 -						
5:00 -						
6:00 - 7:00						

Fall and Spring Semester: You must be available to work at least two shifts per week. If you are taking field experience, you will work 3 hours per week per class credit (minimum of 2 credits).

I would like to work _____ hours per week = _____ credits.