APPLICATION FOR RESEARCH ASSISTANT POSITION

Name			Phone			
Email			Year in School [
Have you com	npleted CITI Ti	raining?	Do you speak Spa	nish?		
Yes	No		Yes, fluen	tly Y	es, some	No
(If yes, please	attach your ce	rtificate)				
Please check of	each of the clas	sses that you have	taken and enter the grad	le you receive	d.	
Research Methods			Abnormal	Abnormal Psychology		
Statistics			Child Psyc	Child Psychopathology		
How many ho	ours can you wo	ork per week?	Are you interested	d in enrolling f	for course credit?	?
			Yes	N	0	
Monday Tuesday Wednesday Thursday Friday Saturday	thing else you	would like conside	ered when your applicat	ion is reviewe	d, please include	e below.