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| Laboratory Assistant Application Form |  |

**Directions:**

Enter all information in the appropriate boxes.

Save this file (***replacing AddYourName with your own name***), and email it to Mitzi.Nichols@indstate.edu

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| --- | --- |
| Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student ID: |  | Telephone: |  |

|  |  |
| --- | --- |
| Email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Major: |  | GPA in your major: |  | Overall GPA: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Class standing (check box):* | *Freshman* |  | *Sophomore* |  | *Junior* |  | *Senior* |  |

 *Which Chemistry laboratory courses have you completed at ISU? (check box under applicable laboratories)*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 100L | 103L | 104L | 105L | 106L | 321L | 351L | 352L |  355 | 421L | 431L | 461L |
|  |  |  |  |  |  |  |  |  |  |  |  |

 *In which chemistry laboratory courses do you have previous experience as an assistant?*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 100L | 103L | 104L | 105L | 106L | 321L | 351L | 352L |  355 | 421L | 431L | 461L |
|  |  |  |  |  |  |  |  |  |  |  |  |

 *If you have taken college-level chemistry at institutions other than ISU please indicate the institution where each course was completed and list the equivalent ISU course below.*

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| --- | --- |
| *How many LA assignments (lab sections per week) would you like to have?* |  |

 *Check only the WHITE boxes for the times that you WILL be available.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day/Time | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8:00 am – 10:50 am | NA |  | NA |  | NA |
| 2:00 pm – 4:50 pm | NA |  |  |  |  |

*If you have any preferences as to which courses and times you are assigned, indicate below.*

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|  |

*If you have arranged to assist a specific instructor for a specific course, please list the courses and the instructor. You MUST speak with the instructor and get their permission before submitting this form!*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course number: |  | Day and time: |  | Instructor’s name: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course number: |  | Day and time: |  | Instructor’s name: |  |