BRAIN RESPIRATION EMBODIMENT AFFECT & TRANSLATIONAL HEALTH LABORATORY

APPLICATION FOR RESEARCH ASSISTANTSHIP

Name: ___________________________  Email: __________________________  Phone: __________________

Academic Year: ______________________

Major(s): __________________________  Minor(s): __________________________

GPA: __________________________

BRIEFLY ANSWER THE FOLLOWING QUESTIONS.

What are your research interests or past experience?

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What days and hours are you available to work in the lab?

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Are you able to commute to the Downtown Medical Campus on a weekly basis?

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Background in neuroscience, biochemistry, psychophysiology or computer programming? Explain

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Can you commit to a minimum of 2 semesters of research in the lab?

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What are your plans for after graduation?

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Why should you be considered for this position?

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Email completed form to: r.mcintosh@miami.edu