

Alcohol Research Lab
Dr. Jennifer Read

ALCOHOL RESEARCH LAB APPLICATION FORM

Please complete and return electronically (JPRead@Buffalo.edu) or to Dr. Read's mailbox in the Psychology Department (2nd Floor, Park Hall).

Name: _____
Year in School: _____
Major: _____

Date: _____
Grade point average: _____
GPA in Major: _____

Your contact information: Phone: _____
E-Mail: _____

Psychology courses taken, Professor who taught the course, grade earned:

Please list any research experience that you have had in the past. Be sure to include who you worked with, what kind of study it was, your specific duties, and how long you worked there.

What other commitments/activities are you currently involved in (e.g., sports, outside activities, jobs, etc)?

How many hours/week would you be able to commit to working in this lab (note: minimum of 8 hours/week required)? _____

What days, times would you be available to work in the lab?

For how many semesters do you think you might be interested in working in this lab (note: 2 semester commitment is required)? _____

Please write a BRIEF PARAGRAPH about what interests you about working in this lab?

Please write a BRIEF PARAGRAPH about what would you hope to get out of working as a research assistant in this lab (i.e., what are your primary goals for this experience?)

What are your plans for after you graduate college? _____