

*Chemistry Department*  
Student Assistant Request

Name of Faculty Mentor		<input type="checkbox"/> Research Assistant <input type="checkbox"/> Specialized Assistant
Year of Application	Students Major	Student Name and "I" number
Semester of Application		Date
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring		
Projected Total hours: _____ Hourly Rate: _____                      Faculty Signature _____ Estimated Total: _____                      Dept. Chair _____		
Project Description		
Specific Project Outcomes:		

Return Completed Application to Brenda