mindSPACE Lab Research Assistant Application

Instructions: Completely fill out the form below and send it, along with your UCI unofficial transcript, to mindSPACElaboratory@gmail.com. We will contact you for an interview if there is a position available. Please be aware that these positions are volunteer-only, competitive, and require a large time commitment.

General Information				
Last Name:	First Name:			
Telephone:	E-mail:			
Address				
Street (Line 1):				
Street (Line 2):				
City:	State:	Zip Code:		
•		-		
Education				
Highest Degree Earned:	School:	School:		
UCI Major/Minor:	Cumulative GPA:	Cumulative GPA: Major GPA:		
Date First Enrolled at UCI:	Expected Graduat	Expected Graduation Date:		
	•			
Research/Work/Volunteer Experie	ence			
Position Title:	Organization:	Organization:		
Dates Worked:	Hours Worked per	Hours Worked per Week:		
Duties:				
Supervisor Name:	Phone:	E-mail:		
•				
Research/Work/Volunteer Experie	ence			
Position Title:	Organization:	Organization:		
Dates Worked:	Hours Worked per Week:			
Duties:	•			
Supervisor Name:	Phone:	E-mail:		
Research/Work/Volunteer Experie	ence			
Position Title:	Organization:			
Dates Worked:	Hours Worked per	Hours Worked per Week:		
Duties:	-			
Supervisor Name:	Phone:	E-mail:		

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	Beginner		ne following skills. Choo Experienced		Expert
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ccel					
ATLAB					
PSS					
reamweaver					
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hy do you want	to work for this labo	ratory?			
hv would vou m	ake an excellent add	ition to our tea	m ⁹		
ny would you in	ano an excentina add	ition to our teu			
o you intend to o	go to graduate school	(Y/N)?	If so, where?		
hy (not)?	go to graduate seriooi	(1/11).	ii so, where.		
vily (not):					
ow many house	per week can you co	mmit to each a	uartar?		
	rs do you expect to b				
	during the summer (Session I	Session II	
•	· ·			Session II	
			rrently with this one?		
	ırs have you particip				
	eviewed scientific jou				
meny describe yo	our understanding of	numan percep	tuai systems:		

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Personal Statement	