

Please complete this application in its entirety as the IBR research team will use the information to make preliminary placement decisions.

Requirements: willingness to commit 10 hours per week (160 hours total for a 16-week semester; 10 hours divided into 6 hours at the IBR and 4 hours outside of the IBR); schedule to be determined by the IBR Research Scientist and the student.

After the preliminary review of applications, students who are being considered for placement on an IBR research project will be contacted by the Apprenticeship Coordinator, Dr. Amanda Wiese for an initial interview, followed by contact from an IBR Principle Investigator (PI) to schedule a project-specific interview. Placements on an IBR project will be set up as an independent study (students will receive course credit). Successful candidates will coordinate scheduling with the PI and receive the independent study course number.

Note: Students will be required to submit a new application for each semester.

## Student Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **Select one as of the date of this application:** |
| **Student Name** |  | **ID #** |  | **Date** |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  | First Year | Sophomore | Junior | Senior |
|  |  |  |  |  |  |  |  |  |
| **Expected Graduation Date** |  | **Major** |  | **Minor** |  | **Email** |  | **Phone** |

## Experience

|  |
| --- |
| **Tell us about your strengths** *(please indicate all that apply)*: |
| Detail-oriented [ ]  | Creative [ ]  |  |
| Math and/or Statistics [ ]  | Personable [ ]  |  |
| Writing [ ]  | Other [ ]  |  |
|  |  |  |
| **Semester Desired** *(please select one)*: |  |  |
| FALL |  |[ ]  SPRING |  |[ ]  SUMMER |  |[ ]
|  | Year |  |  | Year |  |  | Year |  |
|  |  |  |
| **Please indicate your career goals thus far:** |  |  |
|[ ]  I definitely want to go into research |  |
|[ ]  I am leaning towards going into research |  |
|[ ]  I am leaning towards a clinical career *(ex: counseling/service)* |  |
|[ ]  I am not sure what I want to do yet |  |
|[ ]  Other:  |  |  |
|  |  |  |
|  |  |  |

## Experience

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| --- |
| **Please describe any PAST research experience you have *(e.g., research-related courses, research assistant experience, volunteer experience, work experience, etc.)*:** |
|  |
|  |  |  |
| **Are you currently participating in an internship or research lab?** |
| Yes [ ]  | No [ ]  |  |
|  |  |  |
| **If YES, please list the professor and name of the lab:** |
|  |
|  |  |  |
| **If YES, please indicate your weekly commitment:** |
|  | hours |  |
|  |  |  |
| **What do you hope to gain and/or learn from being a student research assistant at IBR?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Signature:** |  | **Date:** |  |

**Our team may contact you if we have any questions. If you have questions or concerns, please email Dr. Amanda Wiese at** **a.wiese@tcu.edu****.**

### FOR OFFICE USE ONLY

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| --- | --- | --- |
|  |  |  |
| **Semester** |  | **Date** |