



## Graduate Student Researcher (GSR) Consideration Request Form

Please complete the information requested below and attach a copy of your resume.

Name:

Date:

(mm/dd/yyyy)

Area of Concentration:

Degree Sought:

Academic Advisor:

Previous Graduate  
Degrees and Schools  
Attended:

Work Experience:

Please describe specific skills in the following areas:

Clinical:

Computer:

Research:

Data Management/  
Statistics:

Completed forms and resumes are received by: Lori Smith  
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