

PSY 4001 - Research Assistant Agreement

Student's Name:

ASU Email Address:

Student Banner ID:

Supervising Faculty:

Previous Credit for Research Assistance  
(maximum allowable - 6 s.h.):

Year:

Semester:

Number of Credit Hours for term:

Specific duties of the assistant:

Evaluation of the assistant will be based  
on:

Required Signatures:

Student:\_\_\_\_\_

Professor:\_\_\_\_\_

Dept Chair/Assistant Chair:\_\_\_\_\_

CAS Advising Dept:\_\_\_\_\_

Date:\_\_\_\_\_

Date:\_\_\_\_\_

Date:\_\_\_\_\_

Date:\_\_\_\_\_