## **Research Assistant Application**

### **GENERAL INFORMATION**

How to Apply

Anyone who wishes to apply to be a research assistant at MCU should submit the following application materials:

- A cover letter stating which position is of interest to you and why.
- A copy of your resume.
- Two Letters of Recommendation emailed (from your professors or employer) to kimberly.florich@usmcu.edu.
- Current Transcripts either emailed or mailed to kimberly.florich@usmcu.edu OR MCU Intern Program (ATT: Dr. Kim Florich), 2076 South St. Quantico, VA 22134.

\*MCU Research Assistants (RAs) provide support on a variety of tasks and projects. Applications are accepted on an ongoing basis to fill program needs. The majority of RAs are hired to work one-on-one with faculty and/or staff. Interviews begin for RA positions one to two months before the anticipated start date.

Research Assistants are highly encouraged to stay in contact with their MCU Host for professional purposes.

<sup>\*</sup>Applicants must be eligible to work in the U.S.

# TO BE COMPLETED BY RESEARCH ASSISTANT (RA) APPLICANT

Name
University/College/School
University/CollegeAddress
Major
Minor (if applicable)
GPA
Phone Email
Home Address
Area(s) of Interest
Number of hours per week you are looking for
*Applicants must be U.S. citizens, 18 years of age on or before the first day of the assistantship and meet at least one of the following criteria:
*Currently enrolled in a graduate degree program at a college or university (four year institution Graduated from a graduate degree program at a college, community college, or university. A vetera of the United States Armed Forces who possesses a high school diploma or its equivalent and has served on active duty, for any length of time, in the two years preceding the first day of the Research Assistantship.
Please answer the following completely (Use additional sheets if necessary)
1. What relevant courses have you taken and where (please include the number and name of the
course)?

2. Describe any previous research experience.
3. Describe any relevant professional experience (i.e. internships, volunteering, etc.)
4. Please provide a preliminary estimate of your availability (Dates and times).
5. Please write a brief paragraph describing why you are interested in working at MCU.
6. Briefly describe your future academic/professional plans, including educational goals.

### TO BE COMPLETED BY MARINE CORPS UNIVERSITY OFFICIALS

MCU Hosting College/School, etc.	
MCU Faculty/Staff Supervisor	
MCU Faculty/Staff Phone	
(office)(cell)	
Email	
Title	
Dates of Assistantship:	to
Days ner Week (S. M. T. W. TH. F. SA	) - Check mark for all that apply

#### **SIGNATURES**

The signatures of the applicant, faculty host, and department chair indicate approval of the Research Assistantship. Related paperwork must be completed within ten days of the beginning of the Research Assistantship. Research Assistantships at Marine Corps University are pending final approval by Faculty Host as well as Marine Corps approving authorities.

The Research Assistant Applicant acknowledges that he or she has read and understands the Marine Corps University Research Assistant Regulations and Policies on this application and will be responsible to adhere to all said Regulations and Policies. Marine Corps University reserves the right to remove a Research Assistant at its sole discretion. The Research Assistant Applicant assumes responsibility for job commitment and agrees to perform in a professional manner. The Research Assistant Applicant agrees to assume responsibility for any loss, damage, or injury that may result from participation in the Research Assistantship, and the Research Assistant Applicant will not hold Marine Corps University or its employees responsible for damages that may occur during the course of the internship at Marine Corps University. Research Assistant Applicants are encouraged to obtain insurance coverage for personal liability.

Research Assistant Applicant Signature:

Research Assistant Applicant Signature.			
		Date	
MCU Supervisor Signature:			
		Date	
In case of emergency, contact: (Please prin	nt clearly)		
(Name)			
(Relationship)	Phone		
Email			