

## **Application**

Please download and complete this form. Send the completed application, an unofficial copy of your transcript, and your resume to Dr. Lillian Eby (leby@uga.edu).

First name:	
Last name:	
Email:	
Expected graduation	n (Month/Year):
	are you applying for? (please include semester(s) and year(s) – for example,
Are you interested in experience working	n registering for academic credit (PSYC 4800 or CURO equivalent) for your in the lab?
Yes	
No	
Are you willing to co	ommit to 9 hours of work per week for this lab?
Yes	
No	
Are you in the Hono	ors Program here at UGA?
Yes	
No	

What is your major(s)?	
What is your minor(s)?	
What experience do you have working in other labs? (It's okay if you have none, just indicate that)	
Why do you want to work in the ECHO lab?	
What are your current plans after graduation? (it's okay if you aren't completely sure but this information helps us understand your career goals)	
How did you hear about the ECHO Lab?	