School of Psychology

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

APPLICATION FORM FOR SESSIONAL ASSISTANT POSITION 2010

COURSE NO: PSYC._____ (one course per application form)

APPLICANT'S NAME: _____ ID: _____

ADDRESS: _____

CONTACT PHONE No: _____

EMAIL ADDRESS: _____

Please submit a summary of your experience and skills relevant to this position, and deliver it to the Psychology Office by:

12 noon, Friday, 12 February (A Semester courses)
12 noon, Friday, 18 June (B Semester courses)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____