



## RESEARCH ASSISTANT APPLICATION

Please submit this form to [library@ontariotechu.ca](mailto:library@ontariotechu.ca) to request library privileges. A confirmation email will be sent once privileges have been issued.

### **Research Assistant Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
ID Number \_\_\_\_\_  
Choose one \_\_\_\_\_ Other (please specify) \_\_\_\_\_

### **Address Information**

Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Professor Information**

Department \_\_\_\_\_ Office # \_\_\_\_\_  
Email \_\_\_\_\_ Extension \_\_\_\_\_  
Contract Expiration date \_\_\_\_\_

*I \_\_\_\_\_ (professor's name), agree to take responsibility for all charges incurred by this  
Research Assistant*

Signature (Professor)

Date