

TTU SVM Research Associate Request Form

Investigator: _____ Date: _____

Dates Requested: _____

Hours per Day: _____ Research Location: _____

Brief Description of Research Project:

Brief Description of Research Associate's Proposed Responsibilities:

Please return the form to the Office of the Associate Dean for Research
(soni.khandelwal@ttu.edu or Sherri.Powledge@ttu.edu)