BIOLOGY DEMONSTRATOR APPLICATION FORM

Name:							
Address:			_				
City: Postal Code:							
Phone No:							
Total University Crea	otal University Credit Hours Completed (as of September):						
		number(s) that you are app es and number of years):					
Biology Courses Con	pleted & Grade:						
Course	Grade	<u>Course</u>	<u>Grade</u>				

Biology Courses Currently Enrolled in:

PLEASE COMPLETE THE TIMETABLE ON THE REVERSE SIDE OF THIS SHEET, INDICATING ALL OF YOUR COURSES- BOTH FIRST AND SECOND TERM <u>AND</u> WHEN YOU WOULD BE AVAILABLE TO DEMONSTRATE.

Signature:

Date: _

- Students awarded demonstrating positions will be contacted by the coordinator of the lab.
- Should any personal information or your timetable change, please contact the coordinator for the lab which you are applying.
- We try to accommodate as many students as possible before giving multiple sections to one student.

Timetable

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30-9:20	8:30-9:45	8:30-9:20	8:30-9:45	8:30-9:20
9:30-10:20		9:30-10:20		9:30-10:20
	10:00-11:15		10:00-11:15	
10:30-11:20		10:30-11:20		10:30-11:20
11:30-12:20	11:30-12:45	11:30-12:20	11:30-12:45	11:30-12:20
12:30-1:20		12:30-1:20		12:30-1:20
FREE	1:00-2:15	FREE	1:00-2:15	FREE
1:30-2:20		1:30-2:20		1:30-2:20
2:30-3:45	2:30-3:45	2:30-3:45	2:30-3:45	2:30-5:15
4:00-5:15	4:00-5:15	4:00-5:15	4:00-5:15	
6:00-9:00	6:00-9:00	6:00-9:00	6:00-9:00	