

Perlman Center for Learning and Teaching
STUDENT Application for the Student Observer Program

Name: _____ Work study hours available /week: _____

Extension: _____ Email address: _____ Language(s) _____

Gender: _____ Class year: _____ Major/Concentration: _____

Your response to these questions will help us match you with an appropriate professor.

1) **Why** do you want to become a Student Observer?

2) What **skills/experience** do you have to offer as an observer?

3) Observing requires on average **5 hours of work** per week. Will you be willing/able to be **released from another campus job** to become an observer for one or more terms?

4) Please name three faculty/administrative **references** who can speak to your performance and character as a student and/or student worker:

1) _____ ext: _____

2) _____ ext: _____

3) _____ ext: _____

On the back, indicate your OPEN class times (times you are available, not in class) and return this form to Jennifer Cox Johnson at the **Perlman Center for Learning and Teaching, Willis 207**.

Feel free to call me at extension **4192**, or stop by with questions.