

Application Software Testing Lab

Name Today's Date

Address Phone Number

City State Zip Code Birth Date

Country of Citizenship E-mail Address

Major(s) Minor Expected Graduation Date

Can you work summers? Can you work 15-20 hours per week during the school year?

Do you work on campus? Have you ever worked on campus? Where and When?

Are you planning a Practicum? Is so, when and for how long?

Are you involved in other activities (sports, jobs, etc.)? If so, please list a give the amount of time you spend on each.

Activity 1

Activity 2

Activity 3

List all CS and Math Courses you have taken or attempted.

Course#	Name	Term	Grade	Instructor	Repeat?
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List other CS or special skills you may have, i.e., PSs, Java, etc. Where did you get these skills? Rate your skills on a scale of 1 to 5.

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Do you know anyone who works for the Testing Lab? If so, who?

Attach a copy of your transcript, your current class schedule, and a photo of your student ID card.

List any additional information you would like to provide on the back of this form.