

**APPLICATION FOR READERSHIP**

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Local Address \_\_\_\_\_ Major \_\_\_\_\_

\_\_\_\_\_ Class Level \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Physics/Astronomy classes that I have completed that have prepared me for reading:

\_\_\_\_\_  
\_\_\_\_\_

Courses I have previously read for and name of instructor:

\_\_\_\_\_  
\_\_\_\_\_

Additional information about my qualifications:

\_\_\_\_\_  
\_\_\_\_\_

Introductory courses I prefer to read: \_\_\_\_\_

Check maximum availability: \_\_\_\_\_ 10 hours \_\_\_\_\_ 19 hours

Do you have any other employment on campus, (including the Physics Department)?

YES Department? \_\_\_\_\_

NO

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Funds Confirmed?

YES  NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_