Student/Researcher Application

Name (Full legal name)				
Street Address				
City	State/Territory Postal	Code	Country	
E-mail	Phone Number			
University/College/Organization		K		
Major/Area of Expertise	Current Educati	ional Level	41	GPA or Equivalent
Area of Interest/Research Ideas				
Do you have a Mentor/Supervisor				
Yes (and are they willing to supe	ervise this project)			
If yes who:				
Do you have a source of funding for Yes No	this project			

Desired start date	Is there a required end date, if so when
Do you have prior pub	ications
Yes	
No	
If yes, please list recer	t publications
Please briefly describe	your research experience (if none please state)
Are you a current men	ber of the Society for Wildlife Forensic Sciences
Yes	
No	THE RESERVE THE PROPERTY OF TH
If you are a student, de	escribe your future career plans
Signature	Date
	pletion of the application please forward your CV and transcripts to @gmail.com with the documents titled with your name and the type of
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Please Note: Upon completion of the application please forward your CV and transcripts to SWFSStudentOutreach@gmail.com with the documents titled with your name and the type of document (i.e., NameCV or NameTranscripts). Please have two Letters of Reference forwarded to the same email address directly from the author. Once the complete application is processed you will be notified and placed in the database to be matched with a project and/or project coordinator. If the submit form button does not work, please send the form through email.

Thank you

SWFS Student Outreach Program Coordinator