REQUEST FOR
OFFER OF
RESEARCH
ASSISTANTSHIP TO

last name first name mid name

Department or Research Unit administering contract (Circle one)

ECE CSL CERL ACERL PHYCS CSRD NSCA

Term and Time (Circle term & percentage for each desired term of appointment)

Summer 1999 (May 21, 1999 to July 20, 1999)  
25% 33% 50% 67% 100%

*Fall 1999 (August 21, 1999 to January 6, 2000)  
25% 33% (50%) 67%

*Spring 2000 (January 6, 2000 to May 20, 2000)  
25% 33% (50%) 67%

*Please be sure to circle both Fall 1999 and Spring 2000 as this is a 9 month appointment

UI Account Number to be charged 1-5-40350

Name of Research Group or Laboratory Integrated System Lab - 3D Audio

Research Scientist

Name of Project Director Robin Bargar / Beauchamp (in bold)

please print

Signature of Project Director Robin Bargar

Date of Request

RAF

Professor J. Beauchamp and Robin Bargar