Application for Students Volunteering to Assist in Clinical Research

Complete this form and submit it <u>ClinicalResearch@ttuhsc.e</u>d**U**pon receipt, a meeting will be arranged to discuss with you the stud**s**sibilities and any requirements involved.

Name:	
School:	Graduating Yeare., Class of 2016)
Telephone number:	
Email address:	

Have you passed the CITI training?