



Health Sciences Center

SCHOOL OF MEDICINE IN SHREVEPORT

Department of Pathology

School of Medicine in Shreveport
School of Allied Health Professions
School of Graduate Studies
LSU Hospital in Shreveport
E.A. Conway Medical Center in Monroe

Request for Student Worker in a Clinical or Research Laboratory

Name of Applicant: _____ Date of Application: _____

Educational Level High School (age) _____ (____) College _____
 Graduate School _____ Medical School _____

Educational Institution of Student: _____

Laboratory/Work Location: _____

Starting Date: _____ Termination Date: _____

Faculty Responsible: _____ Funding Source: _____

Description of student's activity (indicate if handling human tissue or blood products):

Approval of Laboratory Manager/Supervisor: _____

Approval of Technical Director (AP, CP): _____

Approval of Branch Head: _____

Approval of Division Director: _____

Approval of Chairman: _____ Date: _____