

Student Reviewer Application Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ MyCoyote ID #: _____

Email Address: _____ **@Coyote.CSUSB.EDU**

Major(s) & Minor(s): _____ Proposed Term & Year of Graduation: _____

Availability

During what hours are you available?

- | | | |
|---|---|---|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekend Mornings | <input type="checkbox"/> Weekday Afternoons |
| <input type="checkbox"/> Weekend Afternoons | <input type="checkbox"/> Weekday Evenings | <input type="checkbox"/> Weekend Evenings |

Questionnaire

Why are you interested in serving on the *OSR Journal of Student Research* Editorial Board? _____

Tell us about your past and current experience related to the journal. _____

What publishing, editorial, or other skills will you bring to the Editorial Board? _____



CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
Office of Student Research

Is there any other
information that you would
like the selection
committee to know?

Signature: _____

Date: _____