

# Center for Technology in Learning and Teaching

0640 Lagomarcino Hall  
515-294-6840

This fields in this application can be completed digitally.

## Undergraduate Student Assistant Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

ISU Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ University ID: \_\_\_\_\_

## Education & Experience

Major: \_\_\_\_\_ Expected Semester of Student Teaching: \_\_\_\_\_  
YES NO

Are you seeking the Learning Technologies Minor?

YES NO  
Have you taken CI 201 or CI 202? If not, expected semester of class: \_\_\_\_\_

Experiences with Technology (internships, specialized courses, technology management, etc.):

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## References

*Please list references (instructors of technology courses you have take, and others).*

\_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

## For CTLT Use Only

Date/Semester Hired: \_\_\_\_\_ Last Semester Worked: \_\_\_\_\_

Access Code: \_\_\_\_\_

**Return this application, resume if applicable, and a copy of your semester course schedule to:**

**CTLT – 0640 Lagomarcino Hall – Attn: Sheley Johnson**