**Bacteriology MS Trainer Application Form**

Name: Date:

Department:

Campus Address:

Telephone Number:

E-mail Address:

URL:

**1. Briefly describe your research in terms of how it provides training in microbiology for Bacteriology MS students.**

**2. Briefly describe why you would like to be a trainer in the Bacteriology MS program.**

**Please forward this completed form with a current cv to masters@bact.wisc.edu**