YOUR NAME

City, State

phone number | emailaddress@mail.fresnostate.edu | LinkedIn URL

# EDUCATION

**Master of Arts/Sciences, Major** Month Year

*Name of Institution, City, State*

* Thesis: “Name of Thesis”
* Advisor: Professor Name

Bachelor of Arts/Sciences, MajorMonth Year

*Name of Institution, City, State*

*Relevant coursework: List 3-5 course titles (not course codes) required/preferred by employer or directly related to the position*

*Study abroad. Include name of school/program and area of study listed in the same format as your other education.*

# RESEARCH INTERESTS

Share a few of your research interests

# RESEARCH EXPERIENCE

**Position Title** Month Year–Month Year

*Organization Name, City, State*

*Research Advisor: Name*

* List your positions in reverse chronological order, beginning with your most recent position.
* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.
* Do not use personal pronouns; each line should be a phrase rather than full sentence.
* If something on your CV occurred in the past, use the past tense (managed, delivered, organized) and if you are still actively in the role, use the present tense (manage, deliver, organize).
* Quantify, using numbers and percentages, where possible.

# TEACHING EXPERIENCE

**Position Title** Month Year–Month Year

*Department Name, Organization Name, City, State*

* List your positions in reverse chronological order, beginning with your most recent position.
* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.
* Do not use personal pronouns; each line should be a phrase rather than full sentence.
* If something on your CV occurred in the past, use the past tense (managed, delivered, organized) and if you are still actively in the role, use the present tense (manage, deliver, organize).
* Quantify, using numbers and percentages, where possible.

# WORK EXPERIENCE

**Position Title** Month Year–Month Year

*Organization Name, City, State*

* List your positions in reverse chronological order, beginning with your most recent position.
* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.
* Do not use personal pronouns; each line should be a phrase rather than full sentence.
* If something on your CV occurred in the past, use the past tense (managed, delivered, organized) and if you are still actively in the role, use the present tense (manage, deliver, organize).
* Quantify, using numbers and percentages, where possible.

# PUBLICATIONS AND PRESENTATIONS

Citation (APA, MLA, etc.) with **your name** in bold.

# ACADEMIC SERVICE

**Position Title** Month Year–Month Year

*Club/Organization Name, City, State*

* List your positions in reverse chronological order, beginning with your most recent position.
* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.
* Do not use personal pronouns; each line should be a phrase rather than full sentence.
* If something on your CV occurred in the past, use the past tense (managed, delivered, organized) and if you are still actively in the role, use the present tense (manage, deliver, organize).

# COMMUNITY SERVICE

**Position Title** Month Year–Month Year

*Club/Organization Name, City, State*

* List your positions in reverse chronological order, beginning with your most recent position.
* Begin each line with an action verb and include details that will help the reader understand your experience, skills, outcomes and achievements.
* Do not use personal pronouns; each line should be a phrase rather than full sentence.
* If something on your CV occurred in the past, use the past tense (managed, delivered, organized) and if you are still actively in the role, use the present tense (manage, deliver, organize).

# PROFESSIONAL MEMBERSHIPS

Name of Organization Month Year - Month Year/Present

Name of Organization Month Year - Month Year/Present

# SKILLS

**Laboratory:** Skill, Skill, Skill

**Computer Software:** Program, Program, Program

**Methods:** Method, Method

**Instrumentation:** Instrument, Instrument

**Languages:** Language, Language

# PROFESSIONAL TRAINING AND CERTIFICATIONS

**Certification/License/Training name**, *Granting Organization, City, State* Month Year

* Describe training topics cover, total training hours, and include certificate or license record number and expected date and/or expiration date (if possible hyperlink to document/training)

# REFERENCES

**Faculty Name, Ph.D.** (Faculty Advisor)

Department of Psychology,

College of Science and Mathematics,

California State University, Fresno.

XXXX Avenue M/S XXXX

Building Name & Office #

Tel: (xxx) xxx-xxxx

Email: @csufresno.edu

**Faculty Name, Ph.D.**

Department of Psychology,

College of Science and Mathematics,

California State University, Fresno.

XXXX Avenue M/S XXXX

Building Name & Office #

Tel: (xxx) xxx-xxxx

Email: @csufresno.edu

**Faculty Name, Ph.D.**

Department of Psychology,

College of Science and Mathematics,

California State University, Fresno.

XXXX Avenue M/S XXXX

Building Name & Office #

Tel: (xxx) xxx-xxxx

Email: @csufresno.edu