GRADUATE STUDENT APPLICATION FOR TEACHING ASSISTANTSHIP

_____ Term 20_____

This form should be used by all graduate students who wish to be considered for a Teaching Assistantship.

Name: _____ Degree & year: _____

Student ID Number: _____ Department: _____

Address: _____ Phone (#1): _____

_____ Phone (#2) _____

_____ E-Mail: _____

Courses applied for (in order of preference):

1) _____

_____

2) _____

_____

3) _____

_____

Do you wish to be considered for TA-ships in other courses for which you meet the required qualifications? (yes / no)

QUALIFICATIONS:

Language Abilities: Please indicate level of proficiency: 1 = low, 4 = high

English: read (1 2 3 4) written (1 2 3 4) spoken (1 2 3 4)

French: read (1 2 3 4) written (1 2 3 4) spoken (1 2 3 4)

Other:

_____

_____

_____

Computer knowledge: (If relevant to the position posting, please list software, hardware etc. and level of familiarity):

_____

_____

_____

_____

_____

Graduate Courses taken (please list all relevant courses):

_____

_____

_____

_____

_____

Previous Teaching Assistantships held (list all courses and years):

_____

_____

_____

_____

_____

Other relevant courses or experience:

_____

_____

_____

_____

_____

Supervisor Signature:_____ Date:_____

Signature:_____ Date:_____

For Office Use:
Course assigned to TA: _____
Hours per week: _____ Per Term: _____
Course Supervisor (name and title): _____

Student notified: by letter [ ] verbally [ ] Professor notified [ ]

Signature: _____ Date: _____