

Student Affairs Office

Faculty of Law

**APPLICATION FORM**

**WRIT 048 TEACHING GROUP ASSISTANT (GA)**

Students may apply to be a Group Assistant (GA) upon completion of their second year of the program and may only earn the credits once during their program. Students cannot normally act as a GA and Legal Methodology Tutorial Leader in the same academic year. Approval will take into account the student’s other non-course commitments and overall credit load.

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| Student Name |  | McGill Email |  |
| McGill ID # |  | Program Year |  |
| Telephone |  | Term |  |

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| ***Course Associated with GA:*** |
| ***Supervising Professor:*** |

Method of Evaluation: Pass/Fail. The instructor will appraise the quality of assignments performed by each GA, as listed below.

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| To be completed by Supervising Professor: (list objectives and assignments for GA) |
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In addition, the Supervising Professor will provide to the SAO a syllabus that includes the above objectives and assignments and sets out

1. a schedule of weekly meetings between the GA and the Supervising Professor;
2. a list of topics for each meeting between the GA and the Supervising Professor, which focus on questions of pedagogy and are independent of the content of the Supervising Professor’s course;
3. and an assurance that GA’s will have no final authority to grade student assignments.

I hereby apply for a position as a GA for the academic term indicated above. I understand that the GA position involves a duty of confidentiality.

I undertake, if selected, to register on Minerva for the 2-credit course before the end of course change period applicable to the term.

I undertake to make a total contribution of a minimum of 50 hours. Teaching hours will be arranged with the instructor.

I understand, as GA, I am expected to meet regularly with the instructor.

Student Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**FOR APPROVAL**

Supervising Professor Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Associate Dean (Academic Affairs) Signature *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| **FOR SAO USE ONLY: Permit to Register added Emailed student** |