

**APPLICATION FOR TEACHING ASSISTANTSHIP**

\_\_\_\_\_ **Term 200** \_\_\_\_\_

This form should be used by all graduate students who wish to be considered for a teaching assistantship in the forthcoming term.

Name: \_\_\_\_\_

Degree & year: \_\_\_\_\_  
(in the semester of the TAship)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (#1): \_\_\_\_\_  
Phone (#2): \_\_\_\_\_  
Phone (#3): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Courses applied for (in order of preference):

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please note that you may be offered a TAship for a course you have not applied for.***

Graduate Courses taken (list all course numbers & grades):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use:**

Course assigned to TA: \_\_\_\_\_  
Hours per week: \_\_\_\_\_  
Supervisor (name & title): \_\_\_\_\_

Student notified [ ]

Professor notified [ ]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_