



LAST NAME:		FIRST NAME:	
MAILING ADDRESS:		POSTAL CODE:	
EMAIL:			
HOME TEL. #:		BUSINESS TEL. #:	
DEGREE(S) HELD:	1)		
	2)		
	3)		
YEAR CONFERRED:			
DEPARTMENT:		UNIVERSITY:	

I wish to apply for a Teaching Assistant position in the following course(s):

COURSE CODE & NAME:	1)
	2)
	3)

PREVIOUS TEACHING ASSISTANT EXPERIENCE:

Are you an **undergraduate** at the University of Toronto?

Yes

No

Other

Are you enrolled in the **School of Graduate Studies** at the University of Toronto?

Yes*

No

Other

*If **YES**, please provide your **Student Number**: _____

Current **Degree Program**:

MSc

PhD

HOME DEPARTMENT OF DEGREE PROGRAM:			
DEPARTMENT TEL. #:		DEPARTMENT CONTACT: (please include name & email)	

If a Graduate Student, how many **years of full-time graduate study** have you completed:

_____ **Year(s)**

SIGNATURE:		DATE:	
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