



DEPARTMENT OF PHYSICS, UNIVERSITY OF TORONTO, 60 ST. GEORGE STREET, TORONTO, ONTARIO, CANADA M5S 1A7



# APPLICATION FOR TEACHING ASSISTANTSHIP

Coordinator: Dr. Brian Wilson

Phone: 416-978-4540

**Return by email to:** ugcoord@physics.utoronto.ca

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail address \_\_\_\_\_ S.I.N. \_\_\_\_\_

Location on campus: \_\_\_\_\_ Room No.: \_\_\_\_\_

Department: \_\_\_\_\_ Local Tel. No. \_\_\_\_\_ Student # \_\_\_\_\_

Current Program: UG\_\_ Masters\_\_ PhD\_\_ PDF\_\_ RA\_\_ Discipline: \_\_\_\_\_

Date enrolled in current program: \_\_\_\_\_ Part-time? \_\_ Res. Supervisor: \_\_\_\_\_

Do you have any special financial need? \_\_\_\_\_

List your relevant academic history (*Continue on back of this sheet if necessary.*)

	Year	Institution	Discipline (e.g. Physics)
Undergraduate Degree			
Masters			
Doctorate			

List **all** previous teaching assistantships at the University of Toronto, as well as relevant teaching experience elsewhere. (*Continue on back of this sheet if necessary.*)

Courses	TA Hours	Year(s)	Department/Institution

**Preferred position:** (indicate order of preference; see job postings on bulletin boards)

DEMONSTRATOR \_\_\_\_\_ TUTOR \_\_\_\_\_ MARKER \_\_\_\_\_

Preferred course(s): \_\_\_\_\_

**Preferred campus:** St. George: \_\_\_\_\_ UTM (Erindale): \_\_\_\_\_ UTSC (Scarborough): \_\_\_\_\_

Total number of hours requested (approximate): \_\_\_\_\_

Note: Applicants will be required to demonstrate good English communication skills. New Teaching Assistants will be required to attend short training sessions in the first week of term; other training may also be required for specific assignments.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**