

Teaching Assistant Application

Last Name:	First Name
Email Address:	Phone:
Department:	
Current Status of Applicant: Undergraduate: □ Master:□ Doctoral: □ Pe	ost Doctoral Fellow:
Year of Study:	
Supervisor and Thesis Topic:	
If you are a new graduate student, indicate undergraduate program completed:	
Position(s) Sought: (List courses in order of preference, three courses per term)	
Position(s) Sought: (List courses in order of preference	e, three courses per term)
Position(s) Sought: (List courses in order of preference Fall Term	e, three courses per term) Winter Term
Fall Term	Winter Term
Fall Term 1	Winter Term 1
Fall Term 1 2	Winter Term 1 2
Fall Term 1 2	Winter Term 1 2 3
Fall Term 2 3	Winter Term 1 2 3
Fall Term 2 3 Have you TA'd courses previously at U of T? Y	Winter Term 1 2 3

Briefly describe any other relevant experience:	
Please sign, date and return this form to:	Louisa Kung, Department of Nutritional Sciences 150 College Street, Room 316 Or by email to: louisa.kung@utoronto.ca
Signature:	Date:

Note: All hiring decisions are made by the Department of Nutritional Sciences. Expression of interest in a course does not guarantee a placement in that course.