

APPLICATION FOR TEACHING ASSISTANT

Semester and year for which you are applying: _____

Name: _____

Major: _____

Student ID: _____

Class standing: _____

Email: _____

Expected graduation date: _____

Mobile telephone number: _____

Course (or courses) you prefer to apply for: _____

List all lab sections for which you are available to teach, and rank your preferences:

1. _____

2. _____

3. _____

4. _____

Indicate what science courses you have completed at SMCM:

Fill out your class schedule and any other time commitments on the Schedule Planner below.

Submit your application to John Spinicchia jpspinicchia@smcm.edu or Schaefer 131.

The deadline to apply is the last day of registration.

SCHEDULE PLANNER

Name: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 8:00					
9:10					
9:20					
9:50					
10:00					
10:30					
10:40					
11:50 11:50					
12:00 12:00					
1:10					
1:20					
1:50					
2:00					
2:30					
2:40					
3:50					
4:30					
6:00 6:00					
7:50 7:50					
8:00 8:00					
9:50 9:50					