

CPS disciplines: **AST, CHM, ERS, PHY**

Please attach an updated cv with this form

Enter one of the 4 Disciplines listed above.	<input type="checkbox"/> UG <input type="checkbox"/> MSc	Courses Applied for:		Total Hours Requested:	
	<input type="checkbox"/> PhD <input type="checkbox"/> PDF				
Applying for courses in the following Session(s):		Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Today's Date:			

First Name \_\_\_\_\_ Last name(+maiden name if applicable) \_\_\_\_\_  
 U of Toronto **Personnel ID Number** \_\_\_\_\_ <If **NEW**, please leave blank and supply Banking Information  
 U of Toronto **Student Number** \_\_\_\_\_ Gender:  M  F

**Address:** \_\_\_\_\_  
 Street Address (Unit#/Apt#) \_\_\_\_\_ City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Mailing Address** (if same as above please indicate "same" on the line below/if different from above supply address for tax reports):  
 \_\_\_\_\_  
 Street Address (Unit#/Apt #) \_\_\_\_\_ City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel: \_\_\_\_\_ Type:  Cell #  Land Line  Other (specify) \_\_\_\_\_

**Birth date (DD/MM/YY)** \_\_\_\_\_ **E-mail** \_\_\_\_\_ @mail.utoronto.ca

**Social Insurance Number** (and Expiry date if applicable): \_\_\_\_\_

**Work or Study Permit #:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_  
 (to be completed by non-Canadians only) *Payments will not be processed without an attached copy of a current work or study permit*

Will you be a student at UofT during the session the course(s) will be offered, for which you are applying as a Teaching Assistant? **Yes OR No**  Are you currently a student at the University of Toronto? Yes or NO

**FOR GRADUATE STUDENTS ONLY:**

Enter Supervisor's Name  Enter Supervisor's Department at U of Toronto   
 Enter Supervisor's Campus at U of T  Toronto  
 How many years of your current Graduate Program have you completed?  What month did you start your current Graduate Program?   
 September OR January

CUPE3902Unit 1 Web Site: <http://cupe3902.org/unit-1/>

**Signature:** \_\_\_\_\_  
 Do this last - all fields in the document will be locked following insertion of Full Name encrypted signature  
 Date: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Return this completed form, with an updated cv to: **cpstajobs.utm@utoronto.ca**  
**Department of Chemical and Physical Sciences**