UNIVERSITY OF TORONTO MISSISSAUGA DEPARTMENT OF ECONOMICS APPLICATION FOR TEACHING ASSISTANT/COURSE INSTRUCTOR

(Re: Collective Agreement, Section 14:05)

Instructions for application:

- 1. Complete **ONE** form with all course numbers which you intend to apply for.
- 2. Attach a résumé and ROSI transcript (academic printout) to the form. Include education and work experience.
- 3. Return form, transcript and résumé by email to ta.apply.economics.utm@utoronto.ca

ALL COURSE/S APPLYING FOR:						
Personal Details						
Name)						
Street Address)						
City, Province, Postal Code)						
Telephone) (Email)						
f you are accepted for the position, would you have any objections to students having your email ddress?						
Yes No						
Are you legally entitled to work in Canada? Are you in Canada on a Study Permit?						
Yes No No						
If YES Employment Authorization Number:(Please attach copy of your Employment Authorization Form/Study Permit)						
Social Insurance Number) (U of T Employee Number) (Student Number)						
Have you attended the mandatory Teaching Assistant Training Program (3 hours)? (Note: if this is your first appointment you will be required to complete 3 hours training)						
Ves No						

Degrees Held

Degree	Subjec	et	Universi	ty	Year Granted
Enrolment Status	s at the start of appo	ointment (for purposes	of determir	ning pay scale)
UG – Undergraduate			SGS I – Graduate student currently enrolled at U of T who has not yet completed two years of full-time graduate study and does not have a Master's degree in the discipline.		
enrolled at le completed to graduate studegree in the Please list all presented Academic Session	vious Teaching Assi n (e.g. 09W, for 2019	stant/Cou		· appointm	_
Academic	Course Number	Cam	pus	# Hours	Instructor
Session					
application to the I	pove information is co Department of Econo the Department of E	mics, Unive	rsity of Toron	to Mississau	•
(Signature)			(Date)		

FOR (OFFICE USE ONLY		
	Applicant is qualified to fill p	oosition. Give most relevant o	qualification.
	Applicant is NOT qualified to	o fill position. (Why?)	
IF QU	JALIFIED:		
	Appointment is recommende	d.	
	No appointment is recommen	nded. Please state reasons: _	
PREF	AKING THIS RECOMMENT ERENTIAL TREATMENT NOMICS PROGRAMS POLI	TO GRADUATE STUDEN	
(Instru	uctor)	(Signature)	(Date)
(Appr	oved by Associate Chair)	(Signature)	(Date)