



APPLICATION FORM FOR TEACHING ASSISTANT POSITION
CUPE 3902, Unit 1

Instructions for application:

1. Complete one form for each course.
2. Attach a resume and transcripts (or copy of "Statement of Results") to each form. Include education and work experience.
3. Return form, transcripts and resume to Rima Abu-Shakra, Program Administrator, Room 108, Kaneff Centre, 3359 Mississauga Road North, Mississauga, Ontario L5L 1C6, or fax to 905-569-4306.

COURSE APPLYING FOR: MGT
(Course Number)

[PLEASE PRINT]

(Mr/Dr/Prof _____
Ms/Mrs/Miss) First Name Initial Surname (+maiden name, if applicable)

Home Address: _____

_____ Postal Code: _____

Phone: _____ (home) (business) : _____

Email: _____ Social Insurance # _____

U of T Personnel Number _____ (if previously employed here)

Are you a Visa Student? ☐ Yes ☐ No

Are you legally entitled to work in Canada? ☐ Yes ☐ No

Employment Authorization Number: _____
(Please attach a photocopy of your Employment Authorization Form.)

Previous TA Positions: _____

What degrees do you now hold? (please circle)

☐ BA ☐ BSc ☐ MA ☐ MSc ☐ MBA ☐ MPA ☐ PhD Other _____

ARE YOU CURRENTLY: (please check applicable boxes)

☐ 1. **Undergraduate student at U of T** ☐ Full Time ☐ Part Time

☐ 2. **Graduate student presently enrolled at U of T** who *has not* completed at least two years of full time graduate study and *does not have* a Master's degree.

☐ ☐ MPA Student ☐ MBA Student ☐ Other _____

☐ ☐ Full Time ☐ Part Time

☐ 3. **Graduate student presently enrolled at U of T** who *has* completed at least two years of full-time graduate study,

OR

Graduate student presently enrolled at U of T who *has* a Master's degree or the equivalent in the discipline.

☐ 4. Post Doctoral fellow.

☐ 5. Other (specify): _____

Professional Designations: _____

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY: (To be completed by course instructor recommending TA.)

☐ Applicant is qualified to fill position.

☐ Applicant is not qualified to fill position. (Why) _____

If Qualified:

☐ Appointment is recommended.

☐ No appointment is recommended. Please state reasons: _____

IN MAKING THIS RECOMMENDATION, I HAVE GIVEN, WHERE POSSIBLE, PREFERENTIAL TREATMENT TO GRADUATE STUDENTS OR PROSPECTIVE GRADUATE STUDENTS IN THE CUPE LOCAL 3902 UNIT 1, AS STATED IN THE MPA PROGRAM POICY ON THE APPOINTMENT OF TEACHING ASSISTANTS.

Course Instructor

Signature

Date

Approved by
Len Brooks, Director MPA Program

Signature

Date