



The University of Utah
College of Nursing

APPLICATION FOR:
TEACHING ASSISTANT
(TA)

FALL SEMESTER 2008
ACADEMIC YEAR 2008-09

Complete and return application to:
Elizabeth Leithead
10 South 2000 East NURS Rm 421
Salt Lake City, UT 84112-5880
(801) 581-8480
elizabeth.leithead@nurs.utah.edu

DEADLINE: Until Funding is exhausted

Please submit the following documents with your application:

- Copy of DARS report (you can generate a DARS in CIS)
- Copy of current resume/vitae

I. PERSONAL INFORMATION

First Name _____ Last Name _____

SSN _____ U of U ID# _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ Email _____

Degree Program _____

Residency Status (check all that apply):

- US Citizen UT Resident Out-of-State International Student

II. AREA OF INTEREST FOR WORKING AS A TA (please check all that apply)

___ WebCT Course ___ Learning Resource Center (Skill and Computer Lab)

___ Statistics Course ___ Research

___ Writing Course ___ Clinical

___ Other (Specify _____)

How many hours/week would you prefer to work? 10 15 20

Area of specialty/expertise (e.g. med/surg) _____

III. FINANCIAL INFORMATION

Are you currently employed at the University of Utah? Yes No

If yes, what department and how many hours/week _____

Are you currently employed outside of the University of Utah? Yes No

If yes, where and how many hours/week _____

Are you currently receiving any financial aid? Yes No

If yes, please specify amount and type:

IV. AVAILABILITY (please shade in the areas you are NOT available)

	MON	TUES	WEDN	THURS	FRI	SAT
7:00 - 8:00						
8:00 - 9:00						
9:00 - 10:00						
10:00 - 11:00						
11:00 - 12:00						
12:00 - 1:00						
1:00 - 2:00						
2:00 - 3:00						
3:00 - 4:00						
4:00 - 5:00						
5:00 - 6:00						
6:00 - 7:00						

I have read and understood the "Graduate Tuition Benefit Program Guidelines" found at http://www.utah.edu/gradschool/tuition_ben/guidelines.pdf.

I understand that in order to qualify for the Graduate Tuition Benefit Program, I must be taking 9 graduate level credits.

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.

Student Signature

Date