

Department of Communication

Application for Graduate Teaching Assistantship

Application Deadline: March 15th

* Do not apply unless you have completed your application for admission. TA's will be awarded a one year contract

<u>provided satisfactory performance</u>	e is achieved.			
PERSONAL INFORMATION				
Last Name	First Name		Middle Name	
Other Names Used				
Phone Number	SUU "T" Number		Date of Birth	
Local Address	City	State	Zip Code	
Permanent Address	City	State	Zip Code	
	Co. CD. 11		-1 4 1 1	
Country of Citizenship	State of Residency	E-m	ail Address	
SKILLS/EXPERIENCE	(F 11 A1 A)	
Rate your skills in the following area	is (Excellent, Above Average, Ave	erage, Limitea, No	one)	
Written Communication	Oral	Oral Communication		
Research Skills (Library, Web, etc.)	Word Processing/General Computer Skills			
Organizational Skills	Other (list)	Other (list)		
RELEVANT WORK EXPERIENC				
List any experience you have in teach	hing. Why would you make an e	effective teaching a	assistant?	
SUPPLEMENTAL INFORMATIO		10		
List supplemental information (emp	loyment, publications, etc.) be sp	becific.		
OPTIONAL INFORMATION				
Racial/Ethnic Background				
Medical/Physical limitations or spe	ecial needs			
CERTIFICATION				
To the best of my knowledge and b	elief, I certify that the above inf	formation is corre	ect and accurate. I accept the pro	visions of the
assistantship as provided in suppler	mental documents.			
Signature of Applicant (print full na	ame if signing electronically)		Date	