



APPLICATION FOR TEACHING ASSISTANTSHIP

REQUESTED TEACHING ASSISTANTSHIP APPOINTMENT TERMS (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Summer 2017 (6/1 - 8/31) | <input type="checkbox"/> Full-Time (100%) |
| <input type="checkbox"/> Fall Term 2017 (9/1 - 1/15) | <input type="checkbox"/> Half-Time (50%) |
| <input type="checkbox"/> IAP 2018 (1/1 - 1/31) | <input type="checkbox"/> Quarter-Time (25%) |
| <input type="checkbox"/> Spring Term 2018 (1/16 - 5/31) | <input type="checkbox"/> Other (_____) specify % |
| <input type="checkbox"/> Other (_____) | |

Are you enrolled in the MIT Student Extended Insurance Plan (SEIP)?

- Yes No (waived through MIT Medical)

All students with primary registration at MIT are automatically enrolled and must waive this additional insurance to avoid being billed. Cost of extended insurance may be covered as part of this appointment. Please contact Laurie Ward with questions.

APPLICANT INFORMATION

Applicant's Name: _____			Date: _____
Last	First	Middle	
Program:	<input type="checkbox"/> MEMP	<input type="checkbox"/> SHBT	<input type="checkbox"/> MD <input type="checkbox"/> MD/PhD
Primary Registration:	<input type="checkbox"/> HMS	<input type="checkbox"/> MIT	<input type="checkbox"/> GSAS <input type="checkbox"/> OTHER _____
Term Address:	_____		Phone: _____
	_____		E-Mail: _____

ACADEMIC and TEACHING ASSISTANTSHIP INFORMATION

Course Number: _____	Specify % Support Requested: _____
Course Title: _____	
Course Director: _____	Phone: _____
Address: _____	Fax: _____
_____	E-Mail: _____

OTHER SOURCES OF SUPPORT INFORMATION (this information must be completed by student)

The HST Academic Office requires students disclose all sources of financial support for tuition and stipend to ensure compliance at all institutions for the term identified above. Please notify us in writing if your graduate funding listed below changes.

Please list all other sources of financial support.
If you are not receiving other graduate support during this semester note as not applicable (n/a).

	<i>Tuition</i>	<i>Stipend</i>	<i>Time Period</i> <i>(term or year)</i>
<input type="checkbox"/> MSTP	\$ _____	\$ _____	_____
<input type="checkbox"/> Training Grant	\$ _____	\$ _____	_____
<input type="checkbox"/> Institutional Scholarship	\$ _____	\$ _____	_____
<input type="checkbox"/> Research Assistantship	\$ _____	\$ _____	_____
<input type="checkbox"/> Student Loan(s)	\$ _____	\$ _____	_____
<input type="checkbox"/> External Fellowship	\$ _____	\$ _____	_____
<input type="checkbox"/> Other TA	\$ _____	\$ _____	_____

All students requesting for a TA appointment must sign below. Applications will not be processed without the approval of the course director.

Applicant's Signature: _____

Date: _____

Course Director's Signature: _____

Date: _____

(Email to laurie@mit.edu is sufficient)

Note: TA appointment is not confirmed until HST Academic Office approves the following

1. Availability of funds
2. Student eligibility

FOR HST OFFICE USE ONLY

Approved Not Approved _____ Date: ____/____/____
HST Academic Office

d/b updated HST files (TA spreadsheet & Course Budget Tracking)

HST Academic Office, E25-518
77 Massachusetts Avenue, Cambridge, MA 02139
Tel #: (617) 253-3609 Fax #: (617) 253-6692
laurie@mit.edu

Deadlines:
Summer 2017—May 26, 2017 • Fall 2017—August 25, 2017 • Spring 2018—January 26, 2018 • Summer 2018—May 25, 2018