



### APPLICATION FOR TEACHING ASSISTANTSHIP

#### **REQUESTED TEACHING ASSISTANTSHIP APPOINTMENT TERMS** (Check all that apply)

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

Are you staying enrolled in the MIT Student Health Insurance Plan (SHIP)?

☐ Yes

☐ No (waived through MIT Medical or have other)

Students with primary registration at MIT are automatically enrolled. If you have comparable insurance coverage from parent/spouse/partner, it is advised you waive MIT SHIP through MIT Student Health plans by the deadline. Contact Laurie Ward if you have questions.

#### **APPLICANT INFORMATION**

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

#### **ACADEMIC and TEACHING ASSISTANTSHIP INFORMATION**

<b>Course Number:</b> _____	
<b>Course Title:</b> _____	
<b>Course Director:</b> _____	<b>Phone:</b> _____
<b>Address:</b> _____	<b>Fax:</b> _____
_____	<b>E-Mail:</b> _____
_____	

#### **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).**

	Tuition	Stipend	Time Period (term or year)
<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](mailto: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

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