



APPLICATION FOR TEACHING ASSISTANTSHIP (MIT PhD Students)

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"/> Spring Term (1/16 - 5/31) | <input type="checkbox"/> Quarter-Time (25%) |
| <input type="checkbox"/> Other (_____) | <input type="checkbox"/> Other (_____) specify % |

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 their published deadline. Contact Laurie Ward if you have questions.

APPLICANT INFORMATION

Applicant's Name: _____			Date: _____
Last	First	Middle	
Program:	<input type="checkbox"/> MEMP	<input type="checkbox"/> Other. _____	MIT ID#: _____
Term Address:			Phone: _____
_____			E-Mail: _____

ACADEMIC and TEACHING ASSISTANTSHIP INFORMATION

Course Number: _____	
Course Title: _____	
Course Director: _____	Phone: _____
Address: _____	Email: _____

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"/> Training Grant	\$ _____	\$ _____	_____
<input type="checkbox"/> Research Assistantship	\$ _____	\$ _____	_____
<input type="checkbox"/> Internal Fellowship	\$ _____	\$ _____	_____
<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

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