SAINT CLOUD STATE UNIVERSITY

BIOLOGICAL SCIENCES

TEACHING ASSISTANTSHIP APPLICATION

Signature _____

TEACHING ASSI	SIANISIII AI	LICATION	
Instructions: Comple	ete this form and sub	omit to the Biology office	(WSB 262)
Returning TAs mu	st include a letter of	support from their classro	oom supervisor
DUE 4pm April 1	<mark>st/Nov 1st</mark> or next l	business day if this falls o	on a non-business day
Name			
2 Applying for	Eall	Constitution of	
2. Applying for:	Fall	Spring	
3. Undergraduate G	SPA		
4. GRE Score	(Verbal)	(Quant)	
5. Graduate Track	Thesis	Non-thesis	
6. Teaching Experient Dates	nce (new applicants	only)	
Title			
Institution			
Description			
1			
Dates	-		
Title:			
Institution			
Description			
7. Proficiency (Chec	k all that you are prof	icient to TA laboratories):	
BIOL 10	2 - The Living World	d	BIOL 262 - Genetics
BIOL 10	3 - Human Biology		BIOL 360 - Cell Biology
BIOL 15	1 - Cell Function and	d Inheritance	
BIOL 15	2 - Organismal Divs	ersity	
BIOL 20	2/204 - Human Anat	omy and Physiology I/II	
BIOL 20	6 - Microbiology		

Date _____