**Department of Computer Science (CSCI)**

Teaching Associate (TA) Supplemental Information Sheet

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section I: Teaching Interests**

Please indicate the course(s) you are qualified for and would like to be considered for TA:

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| **Courses** | **Semester(s) you worked as TA and the name of the instructor (if applies)** | **Your BS grade for this class**  **(if taken before)** |
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**Section II: Class Schedule**

Please indicate below the courses you will take in Spring/Fall \_\_\_\_\_\_\_\_\_\_. If you change your schedule once you complete the application process, you **MUST** update the department at your earliest convenience.

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| **Courses** | **Class Dates and Time (e.g., M/W 9-10:15 AM, etc.)** |
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**Section III: Signature**

By signing this form, I claim that all information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_