

School of Health and Exercise Sciences
UNDERGRADUATE TEACHING ASSISTANT APPLICATION FORM

Last Name: _____

First Name: _____

Student #: _____

Email Address: _____

Birthdate (yyyy/mm/dd) _____ Gender: M F

Current Address: _____

City/Postal Code: _____

_____ Telephone: _____

(Home) _____ (Cell) _____

Will you be a full-time undergraduate student next year? Yes No

Year standing, next year: 1st 2nd 3rd 4th

Please state all other sources of academic funding:

In which areas are you interested in being a Teaching Assistant (Check all that apply):

Exercise Physiology _____

Environmental Physiology _____

Anatomy _____

Additional Comments:

Completed forms (**with unofficial transcripts and class schedule attached**) should be returned to:

Carli Tingstad
ART 360 WKG
UBC Okanagan, 3333 University Way
Kelowna, BC, V1V 1V7
FAX: 250.807.9865
EMAIL: carli.tingstad@ubc.ca

Signature _____ Date _____

DEADLINE: 30/04/2018