

Teaching Assistant Application for Harvard Graduate Students
Department of Stem Cell and Regenerative Biology
Due dates: Fall term by May 15/ Spring term by October 15

Required Funding Information

Paycheck issued by: _____ Administrator's name and phone number : _____

Name of grant or fellowship: _____

Number of grant or fellowship: _____

I am paid by an NIH Grant: yes no Percentage of work time required by the grant: _____

If you are on an NIH-NIGMS grant, you cannot teach

I have or am on an NRSA: yes no

The grant that pays me restricts the time I spend on other activities like teaching: yes no

For post-doctoral fellows: If you have a full-time appointment, GSAS requires that you receive approval from your funding institution to exceed your full-time commitment.

Course Name and Number: _____ Term and Year: _____

Course Instructor(s): _____ I will teach: 1 section 2 sections

First name: _____ Middle (no initial): _____ Last: _____

Harvard ID #: _____ HUID expiration date: _____ Social Security #: _____-____-____ **Date of birth:** _____

Status as of start date (January 1 for spring term, August 1 for fall term): (e.g., post-doctoral fellow, staff, faculty): _____

Are you currently enrolled in direct deposit? yes no (if you do not have direct deposit now, you must sign up for it.)

Will you now or in the future require sponsorship for employment visa status? (e.g., H-1B visa status)? yes no

Current Position

P.I.: _____ Department: _____ Location/University campus: (e.g., FAS, HMS) _____

Home address: (required) _____ Mailing address: (University) _____

Phone (home or cell): _____ Phone (lab): _____ Fax (lab): _____

Email: _____

Educational Information

Degree and Year	College, University, Institution	Discipline
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Previous teaching experience (list most recent Harvard appointment first):

University Course	Title	Instructor	Date (term and year)
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Signature of applicant _____ Please print your name: _____ Date _____

Signature of PI (required in order for you to teach): _____ Date _____