



Department of Mathematics and Statistics

SESSIONAL INSTRUCTOR APPLICATION FORM

NAME: _____

LIST ALL OF THE COURSES for which you wish to be considered. When making your selection please note the scheduled lecture times and the minimum requirements posted on the announcement. (If necessary, please add more rows to the table.)

Priority	Course	Term
1.		
2.		
3.		
4.		

Priority	Course	Term
5		
6		
7		
8		

Priority	Course	Term
9		
10		
11		
12		

Please indicate the number of course you wish to teach for the terms currently posted:

Term	Number
Summer	
Fall	
Winter	

Excluding the courses in this department, how many courses have you taught at the University of Windsor as a Sessional Instructor:

IF YOU HAVE NOT BEEN A SESSIONAL INSTRUCTOR FOR THIS DEPARTMENT IN THE PREVIOUS TWO YEARS, PLEASE ALSO COMPLETE THE FOLLOWING.

E-MAIL:

CITIZEN OR PERMANENT RESIDENT OF CANADA?

EDUCATION:

Degree	Discipline	Year	Institution (include department)

If you are a returning Sessional Instructor, please submit this form to mthsta2@uwindsor.ca.

If you are a new Sessional Instructor, please submit this form together with your current Curriculum Vitae to mthsta2@uwindsor.ca. Also, arrange for three reference letters to mthsta2@uwindsor.ca.

This form was updated on January 28, 2021