

FACULTY OF SCIENCE APPLICATION FOR TEACHING ASSISTANTSHIP

Name:	<i>U of W ID:</i>			
Program Name and Enrollment Term:				
Employee Number: Telephone	<i>:</i>			
Email: Canadian/Permanent Resident	Visa			
Have you held an assistantship at the University of	f Windsor before?	Yes	No	
If yes, list all course(s) for which you have worked instructor(s) of the course. Ex. FRSC-2007, Winter		g the course	e code(s), tern	n(s) and the
In what course(s) would you like to work as an As Ex. 1. FRSC-4020, 2. FRSC-2019, 3. FRSC-3005, et		em from fir	st choice onwa	ards.
1	4			
2	5			
3				
Please provide, as applicable, other relevant exper	•	of your scho	olarships, publi	cations and
conference presentations (attach an additional pag	ge if necessary).			
Sizmatu	Deta			
Signature:				

Return complete application with a recent (unofficial) transcript to: forensic@uwindsor.ca