# UW_Logo_2L_horz_blue

**Women’s and Gender Studies (Bystander Initiative)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | |
| Student Number: | | |  | | | | | Employee Number: | |  | | | |
| Current Program: | | |  | | | | | Semester Standing: | |  | | | |
| Email: | | |  | | | | | Phone: | |  | | | |
| Undergraduate  Non-student  M1 Qualifying  Master’s  Doctoral | | | | | | | | | | | | | |
| Canadian/Permanent Resident  Visa | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Position(s) Applying For | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please list all courses you would like to work as an Assistant for in order of preference & whether you are available during class time (circle Y or N): | | | | | | | | | | | | | |
| 1. |  | | | Y / N | 6. | |  | | | | Y / N |  | |
| 2. |  | | | Y / N | 7. | |  | | | | Y / N |  | |
| 3. |  | | | Y / N | 8. | |  | | | | Y / N |  | |
| 4. |  | | | Y / N | 9. | |  | | | | Y / N |  | |
| 5. |  | | | Y / N | 10. | |  | | | | Y / N |  | |
|  |  | | |  |  | |  | | | |  |  | |
| Experience | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Have you held an Assistantship in Women’s and Gender Studies before?  Yes  No | | | | | | | | | | | | | |
| If No, have you held an Assistantship at the University of Windsor before?  Yes  No | | | | | | | | | | | | | |
| Please list all courses you in which you’ve held an Assistantship: | | | | | | | | | | | | |  |
| 1. |  | | | | | 4. |  | | | | | |  |
| 2. |  | | | | | 5. |  | | | | | |  |
| 3. |  | | | | | 6. |  | | | | | |  |
| Please list the number of BITB® workshops you’ve led at the University of Windsor: | | | | | | | | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
| Please list other relevant experience; such as scholarships, publications and conference presentations: | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | Date: |  | | | |