

APPLICATION FOR A SUPER TA

(Please return this form to the Mathematics Graduate Office, Room 206)

Semester: _____

Teaching Assistant: _____

Faculty Member: _____

Course: _____

Duties of the Super TA:

Projected Time Involvement (hrs/week): _____

Agreement by: _____
Faculty member Teaching Assistant

Approved:

(Director of the student's Graduate Program) Date

Denied:

(FOR OFFICE USE ONLY)

of Units: _____

Original to student file

Copy to Tina

Copy to Super TA file