

DEPARTMENT OF MATHEMATICS

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

GRADUATE STUDENT READER APPLICATION (Currently enrolled Master's candidates ONLY) Date: _____

***Have you read the Teaching Assistant Handbook for Master's Students, Yes No and agree to follow the department's guidelines and expectations?**

*Check one: Mr Ms *First Name: _____ M.I. ____ *Last Name: _____

*CU ID (PID): C00 _____ *UNI: _____ *Email: _____

*Permanent Home Address: _____

*Mailing Address: _____

*Bachelor's Degree Institution and Location: _____ *Degree Year: _____

*Do you currently have a SSN# (check one): Yes No *Daytime Phone #: _____

*School (check one): GSAS SEAS *Registered Full Time? Yes No

*Have you worked on campus before? Yes No If YES, which department: _____

Semester last worked at above dept: _____

Major(s): _____ Concentration(s): _____

Expected Graduation Date: _____

Course(s) preference to TA for:

Instructor(s) preference to TA for:

***Denotes required fields**

Math Courses taken at COLUMBIA UNIVERSITY

#	Course Name / Number	Semester	Instructor	Final Grade
1				
2				
3				
4				
5				
6				
7				
8				

Experience: Please write a short statement why you feel you are qualified/well suited for this position (e.g., previous experience as a teaching assistant or tutor, related coursework or research with a faculty member, etc.). If you have previously been employed as a teaching assistant for the **Mathematics Department at Columbia University**, give the name of the instructor, the semester and the course to which you were previously assigned:

References (2) 1. Name: _____ Phone # or Email: _____
2. Name: _____ Phone # or Email: _____

You will be contacted by phone or email to set up an interview, should your application be selected for consideration to a Teaching Assistant III position. You will receive a letter or email if the department cannot consider your application at this time.

Submission checklist: (submit all materials to 410 Mathematics)

- This application
- Unofficial transcript (from SSOL)
- Proof of full time enrollment (from SSOL)

Department use only:

Notes:

Decision: _____ Assigned to: _____ Course: _____ Instructor: _____
Date: _____