THE UNIVERSITY OF CHICAGO
THE DIVISION OF THE BIOLOGICAL SCIENCES

TEACHING ASSISTANT REQUIREMENT FORM

PART I: To be filled out by the Student Teaching Assistant

First Name ___________________________ Last Name ___________________________ UC ID # __________

Dept/Committee ___________________________ Lab Address ___________________________ Lab Phone __________

E-Mail Address ___________________________

I understand that this teaching assistantship will be performed toward the fulfillment of my academic requirements for the Ph.D., and that the same course may not be used to fulfill both requirements.

Signature of Student ___________________________

☐ Student will not be receiving pay for this Taship; Please check box for acknowledgement

PART II: To be filled out by the Faculty Course Director

Faculty Name ___________________________ Dept ___________________________ Email ___________________________

Course # ______ Course Name: ___________________________ Stipend Level ___________________________

I guarantee that this TA will perform at least one of the following elements of teaching that qualify this course for fulfilling part of the TA requirement:

<table>
<thead>
<tr>
<th>Element</th>
<th>Date(s)*</th>
<th>Scheduled Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running a Lab/Field Trip</td>
<td></td>
<td></td>
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<tr>
<td>Giving one or more supervised lectures (#__)</td>
<td></td>
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<tr>
<td>Leading regularly scheduled discussion sessions</td>
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</tbody>
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*e.g. every Thursday, Monday of 4th week [for a lecture], etc. Exact calendar date not necessary.

I agree to supervise and evaluate this student for the BSD teaching assistant requirement.

Course Director Signature ___________________________

PART III: Graduate Program Administrator of Degree-Granting Unit

The above arrangement qualifies for this student’s teaching assistantship requirement.

Signature of Graduate Program Administrator ___________________________