Application for Undergraduate Teaching Assistant Department of Speech, Language and Hearing Sciences

| Name (last, first): | | |
|---------------------------------------|--|-------|
| | email address: | |
| Major(s): | | |
| Overall GPA: | | |
| Please attach a copy of your unoffici | ial transcript: 🗆 yes 🛛 no | |
| Class standing (as of Fall 2024): | | |
| Expected date of graduation: | | |
| FIRST CHOICE OF COURSE FOR INTER | NSHIP: | |
| Course: | | |
| Endorsing signature of instructor: | | |
| | Date: | |
| | | |
| ADDITIONAL COURSE(S) YOU WOULD | D BE WILLING TO INTERN: | |
| Course(s): | | |
| | | |
| • | in Speech, Language and Hearing Sciences. ndicate that the course is still in progress (I | |
| Name of Course | Instructor | Grade |
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Please list your availability for next semester (if known) MWF TuTh

Explain how being a UTA will fit into your schedule:

Briefly (one paragraph): Why do you wish to be considered for a teaching internship?

Post-graduation plans:

Return this form to:

Dr. William Shofner, Director of Undergraduate Studies

wshofner@indiana.edu

Date received: _____

Placement: _____