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

| Name (last, mst). | | |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------|------|
| Date: | email address: | |
| Major(s): | | |
| Overall GPA: | <u></u> | |
| I have attached a copy of my | unofficial transcript: \square yes \square no | |
| Class standing (as of Fall 2022 | 2): | |
| Expected date of graduation: | | |
| FIRST CHOICE OF COURSE FO | R INTERNSHIP: | |
| Course: | | |
| Endorsing signature of instru | ctor: | |
| | Date: | |
| | | |
| ADDITIONAL COURSE(S) YOU | WOULD BE WILLING TO INTERN: | |
| Course(s): | | |
| | | |
| • | re taken in Speech, Language and Hearing Sciences. For courolled, indicate that the course is still in progress (IP) under | |
| Name of Course | Instructor | Grad |
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| Please list your availability for | or next semester (if known) |
|-----------------------------------|-----------------------------------------------------------|
| MWF | TuTh |
| Explain how being a UTA wi | Il fit into your schedule: |
| | |
| Briefly (one paragraph): Wh | y do you wish to be considered for a teaching internship? |
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| | |
| Post-graduation plans: | |
| | |
| | Return this form to: |
| Dr. | William Shofner, Director of Undergraduate Studies |
| | wshofner@indiana.edu |
| | |
| Date received: | |
| Placement: | |