

TEACHING ASSOCIATE / GRADUATE ASSISTANT

Application Form

Name _____

Address _____

City/Zip _____

Telephone Number (____) _____ **Email** _____

Option in the Graduate Program: _____

Number of semesters in the Graduate Program: _____

Classes that you would like to teach (please circle them):

102 103 103L 104 131 140 310L

Would you like to work as graduate assistant (GA)? _____

How many hours a week would like to work as GA? _____

Classes that you would like to assist (please circle them):

140 262 320 350 360 462

REFERENCES:

Name two Mathematics Faculty that can assess your mathematical strengths.

1. _____

2. _____

Drop or mail this form with unofficial transcript to:
Department of Mathematics, ATTN: TA/GA Application
CSUN, Northridge, CA 91330-8313.

DEADLINE: April 15 of each year.