## ART EDUCATION ASSISTANTSHIP APPLICATION FORM

Name:									
Address:									
Telephone:	residence		cellu	ılar			office		
Email:									
PLEASE CHECK ALL THAT APPLY									
Canadian Citizen	`	Yes No Student Status, Level of Study & I						language(s	)
S.I.N. Number	1			New student			Returning St	Returning Student	
Place of Birth				M.A.			Full Time	Full Time	
Date of Birth	dd mm yyyy			Ph.D.			Part Time		
Student ID #			Language(s)		English	French	Other		
						l			
If you are a returning student, please list all assistantships you have been awarded in previous years. Please attach a separate sheet if necessary.									
Year	Type of Assistantship			\$ Amoun		nt	Supervisor		Level
If you have taught as	a part-ti	me faculty	member in the depa	rtment, p	olease list a	II courses y	ou have taught i	n previous y	ears. Please
attach a separate she Year	et if nece	essary.	Co	urco Nun	mhau			Cwo	dit Value
rear	Course Number								uit value
			ignments available to ou are interested in ur						
Research Assistant #		#	Teaching Assistant		#		Technical Assis	tant	#
Do you object to traveling off-campus to perform your assistantship assignment?								YES	NO

**Submission Deadline: January 15**