

ADJUNCT TEACHING APPLICATION & SCHEDULE

NAME _____

Use X's to denote unavailability (enrolled courses, colloquia).

SCHEDULE (for semester applying to be adjunct)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
08:00-9:15					
9:30-10:45					
11:00-12:15					
12:30-1:45					
2:00-3:15					
3:30-4:45					
5:00-6:15					
6:30-7:45					

DATE _____

LOCAL ADDRESS _____

EMAIL _____

PHONE _____

YEAR (e.g. 1st year, 2nd, etc) _____

CONCENTRATION/PROSPECTIVE CONCENTRATION: _____

1. What are your research interests and specific interests in the field (theoretical/experimental)?

2. What graduate physics courses have you completed?

3. List any physics or related fields teaching experiences you have had.

List your ranked preference (from 1 – 3) among the following kinds of assignments:

Laboratory (elementary, electronics, advanced, astronomy)

Recitation (elementary, advanced – specify subject)

Grading (elementary, advanced)

1. _____
2. _____
3. _____

VERIFICATION OF NO CONFLICT

In general, full-time federally funded Research Assistants, JAGA's and Kessler Fellows are not permitted to teach. Your teaching appointment will not be processed until you submit this form completed and approved by your research advisor and the graduate office.

Student Name: _____

Student ID Number: N# _____ Program Age (admit year): _____

Teaching Assignment *(Leave blank. For Office use only).*

Course Title/Number: _____

Semester: _____

Check one of the following:

I will not be a full-time Research Assistant, JAGA, or Kessler during the semester indicated above

I will be a JAGA or Kessler but have received approval to teach (***requires signature from Director of CSMR/CCPP*)

****Director of CCPP or**

CSMR Signature: _____ **Date:** _____

My funding status is uncertain. I may be a Research Assistant if funds become available. I expect my funding status to be confirmed by (date): _____

I will be a part-time Research Assistant

I will be a non-federally funded Research Assistant

Advisor Name (print): _____ **Signature:** _____ **Date:** _____

Graduate Office Signature: _____ **Date:** _____