

# ADJUNCT TEACHING APPLICATION & SCHEDULE

NAME: \_\_\_\_\_

## **SCHEDULE (for semester applying to be adjunct)**

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

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					

TEACHING SEMESTER: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

YEAR (e.g. 1<sup>st</sup> year, 2<sup>nd</sup>, etc): \_\_\_\_\_

INDICATE MASTER'S OR PHD: \_\_\_\_\_

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**

Full-time Research Assistants paid from any source, including Startups, are not permitted to teach. Half-time RAs may teach one course section only. JAGA and Kessler Fellows may teach with advisor and Center Director approval.

***Please collect all required signatures below before submitting your TA application.***

Student Name: \_\_\_\_\_

Entry year: \_\_\_\_\_ Semester of teaching: \_\_\_\_\_

### **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 Approval**

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. **Only one section (plus grading) is permitted.**

Advisor Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduate office signs only with advisor signature approval above**