



GRADER/TEACHING ASSISTANT APPLICATION

Name: _____ Date: _____ Term I am applying for: _____

Dartmouth ID: _____ Class Year: _____ Hinman Box: _____ Phone: _____

Math courses I have taken, am taking now, or will be enrolled in during the term I am applying for:

Math courses I would prefer grading: _____

Math courses I would be willing to grade:

Math courses I could TA for:

Have you ever worked for the mathematics department before? Yes No

If yes, which courses?

Course No. _____ Course _____

| Course No. | Course Name | Term | Instructor | Grader or TA |
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Will you have a job 30 hours per week or more at another department within Dartmouth? Yes No

Return form to Kemeny 102A or deptaa@math.dartmouth.edu.