

**TEACHING ASSISTANT APPLICATION**  
**Department of Molecular and Cellular Biology**  
**Harvard University**

COURSE INFORMATION						
Course Number:		Term & Year:		Course Instructor:		
Number of Sections:      One      Two <b>(Please Note: Two or more sections must be approved by the MCB Executive Director.)</b>						
PERSONAL INFORMATION, CURRENT POSITION, & AFFILIATION						
Name: <div style="text-align: center; font-size: small;">(First/Middle/Last)</div>			Home Phone:		Email:	
Date of Birth:			Check One:      Single      Married		Check One:      Male      Female	
Harvard ID:		SS#:		Status (Grad Student, Post-Doc, Staff):		
Home Address: (Required)				University Mailing Address:		
Department:			PI/Lab Director:		Lab Phone:	
Campus Location (HU, HMS-LMA, MGH or CNY, HSPH):					Lab Fax:	
Education			Previous Teaching Experience			
Degree/Year	College, University, Institution	Discipline	University	Course Title	Instructor	Date (Term/Year)
REQUIRED FUNDING INFORMATION						
<b>Please Note: If you are supported by a NIH-NIGMS Fellowship, you cannot teach.</b> <b>Email CV to: maddalen@mcb.harvard.edu</b>						
Paycheck Issued By (Dept./Location):			Administrator's Name & Tel:			
Name of Grant or Fellowship:			Number of Grant or Fellowship:			
Percentage of Effort Required by the Grant:			Does the grant from which you are supported restrict the time spent on other activities such as teaching?      Yes      No			
Are you supported by a NIH Grant?      Yes      No			Are you supported by a NRSA Fellowship?      Yes      No			
VISA INFORMATION						
<b>IMPORTANT: If you are on a visa, you must submit copies of your documentation.</b>						
Are you on a Visa?      Yes      No <b>(If yes, please complete the information below.)</b>						
Visa Type:			Visa Effective Dates:      To			
Will you now or in the future require sponsorship for employment visa status (i.e. H-1B)?      Yes      No						

I have direct deposit.	I must sign up for direct deposit.
Are you legally authorized to work in the United States?      Yes      No	

<b>X</b> Advisor or PI Signature _____ Date _____	<b>X</b> Applicant Signature _____ Date _____
<b>X</b> Instructor or Preceptor Signature _____ Date _____	<b>X</b> Executive Director Signature _____ Date _____