



Application for Graduate Teaching Assistantship Winter Term (September 2025 through April 2026)

Last Name: _____ First Name: _____

UBCO Student #: _____ UBCO Employee ID: _____

Program, Degree and Year as of September 2025: _____

Birthdate (mm/dd/yyyy): _____ SIN #: _____

UBC Email Address: _____

Current Address: _____

City/Postal Code: _____

Telephone: (Home) _____ (Cell) _____

Are you applying to TA in Term 1? Yes No Number of hours preferred in Term 1? 6 12

Are you applying to TA in Term 2? Yes No Number of hours preferred in Term 2? 6 12

Are you willing to accept a TA position for an on-campus course? (no guarantees, but will do our best) Yes No

Please specify a course or Faculty Member you wish to TA for, and if you have spoken to them re: Duties:

Course	Faculty Member

 Signature

 Date (mm/dd/yyyy)

International Students: You MUST provide a copy of your Study Permit valid past April 30, 2026.

Clear Form