

# APPLICATION FOR MEDICAL SCIENCES ASSOCIATE INSTRUCTORSHIP

APPLYING FOR: Summer II: \_\_\_\_\_ Fall Semester: \_\_\_\_\_ Spring Semester: \_\_\_\_\_  
 (please check all that apply)

RETURN FORM TO  
 JORDAN HALL 104

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

Local Address & phone: \_\_\_\_\_

Permanent Address/Phone \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Date applying: \_\_\_\_\_

Universities attended:	Dates	Major(s)	Degree	GPA
INDIANA UNIVERSITY				

Do you wish to be a FULL-TIME A.I. (.5FTE) or a HALF-TIME A.I. (.25 FTE)? \_\_\_\_\_  
 WOULD YOU LIKE TO BE CONSIDERED FOR ADDITIONAL TEACHING ASSIGNMENTS, BEYOND  
 THE REGULAR FULL-TIME WORKLOAD? \_\_\_\_\_

Please list, in order of preference, the courses you wish to instruct (e.g., Anatomy A215, Physiology P215...):  
**FOR A215/P215 APPLICANTS: REFER TO THE SCHEDULE OF CLASSES AND, ON A SEPARATE SHEET OF PAPER, LIST ALL LAB SECTIONS THAT YOU COULD TEACH (AND WHICH SECTIONS YOU CANNOT TEACH BECAUSE OF A CLASS/WORK CONFLICT)** Also, please list any dates during the semester that you will be absent.

List previous teaching experience, noting length of time in each (continue on the back of this form, if necessary):

State any qualifications you have for particular teaching assignments (e.g., you are qualified to teach A215 because you have taken Gross Anatomy, etc).

Have you participated in any teaching orientation or instruction (e.g., taken a semester course in Teaching Methods, or participated in an Associate Instructor orientation)? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, list the name of the course/orientation, the dates in which you participated, and a brief description of the requirements:

**REFERENCES:** On the back of this form, list the name, phone number and email addresses of two (2) individuals who could address your scholarship and work ethic.

**FOR RETURNING A.I.'S:** you need a letter/email/documentation from your advisor, stating you are making adequate progress toward the completion of your degree. (NOTE: Documentation for Medical Sciences graduate students will be provided by MedSci's Graduate Committee.)

Your authorization is requested so we may view your transcript on the computer (SIGNATURE): \_\_\_\_\_

**NEW APPLICANTS THAT ARE NOT PART OF THE MEDICAL SCIENCES PROGRAM MUST ATTACH A RESUME OR A CURRICULUM VITAE TO THIS FORM.**