

IPFW Department of Nursing  
Teaching Assistant Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Undergraduate Institution \_\_\_\_\_

Area of Specialization

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Current status re. the Master's Program (Check one)

- Plan to apply
- Application in process
- Admitted to the Master's program IPFW
- Admitted to the Master's program Purdue-Calumet

Please list the following:

Previous Teaching Experience:

Clinical Experience:

Semester you would like to start teaching: \_\_\_\_\_

Scheduling Limitations (if any): \_\_\_\_\_

Scheduling preference:

- Clinical
- Lab
  - 10 hours/week in the lab
  - 20 hours/week in the lab

Not Available

- | Mornings                           | Afternoon                          | Evening                            |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Monday    | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Tuesday   |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Thursday  | <input type="checkbox"/> Thursday  |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Friday    | <input type="checkbox"/> Friday    |