BIOMEDICAL
INFORMATICS

Application for Teaching Fellowship
Biomedical Informatics PhD Program

COMPLETE THIS FORM <u>PRIOR</u> TO CYCLE DEADLINES (June 1st for Fall Semester TA &
October 1st for Spring Semester TA)

Student Name: _____   M#: _____

Expected Begin Date: _____   Expected End Date: _____

Research Advisor: _____

Course of Interest: _____

Course Director(s): _____

What would make you a good fit for TA of the above class? **<u>Attach a one-page document</u>**
addressing why you believe they would be a good fit as a TA and how it fits in with your career
goals.

_____   _____
Student Signature   Date

_____   _____
Course Director Signature   Date

_____   _____
Course Director Signature (if applicable)   Date

_____   _____
Research Advisor Signature   Date

_____   _____
Program Director Signature   Date