UNIVERSITY OF BRITISH COLUMBIA

**MEDICAL GENETICS GRADUATE PROGRAM**

**TEACHING ASSISTANTSHIP APPLICATION FORM 2024-2025 (2024W)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **Student Number:** |  |
| **Student Email:** |  |  | |

Indicate your program and degree:

|  |  |  |
| --- | --- | --- |
| **Program: MEDG / GECN / Other:** | **Supervisor’s Name:** |  |
| **Degree: MSc / PhD** | **Supervisor’s Signature:** |  |

**Degrees (University and Program):**

|  |
| --- |
|  |
|  |

**Current support (Fellowship, Studentship, including supervisor’s grant):**

|  |
| --- |
|  |
|  |

**List genetics courses taken and grades received. (Do NOT list letter grades. List the applicable percentage or other grade type, i.e. 4.0 / 4.3.) For courses from schools other than UBC, indicate which courses are equivalent to MEDG undergraduate** [**courses**](http://medgen.med.ubc.ca/graduate-program/current-students/courses/) **and describe briefly.**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**Teaching experience and training** (i.e. Centre for Teaching, Learning and Technology workshops):

|  |
| --- |
|  |
|  |
|  |

**Research experience**:

|  |
| --- |
|  |
|  |
|  |

**Six part-time positions are available: one each for** **MEDG 419, 420, 421, 505, 520 and 530**. List the positions you would like to be considered for in order of preference.

|  |
| --- |
|  |
|  |
|  |

Email the signed application form to: [medical.genetics@ubc.ca](mailto:medical.genetics@ubc.ca) by **Wednesday, April 10, 2024, 3:30 PM.**