UNIVERSITY OF BRITISH COLUMBIA

**MEDICAL GENETICS GRADUATE PROGRAM**

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

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

Indicate your program and degree:

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

 **Degrees (University and Program):**

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

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**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.**

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

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**Research experience**:

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**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.

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