

TA APPLICATION FORM

(OSU Physics Department)

Date Rcvd _____

I. PERSONAL INFORMATION

Name _____ CWID _____
(LASTNAME, Firstname)

Graduate Program _____ Degree _____
(program you currently are in) (degree you currently are pursuing)

OSU Semesters Completed _____ OSU GPA _____
(cumulative GPA at OSU only)

Contact Email: _____ Phone: _____

II. ITA STATUS*

*International Students Only (Required)

Give semester and year you passed the ITA Exam* _____
(semester/year)

III. Physics Experience

Check all Physics courses you've successfully completed:

- | | | |
|--|-------------------------------|---------------------------------|
| <input type="checkbox"/> FRESH PHYS I | <input type="checkbox"/> MECH | <input type="checkbox"/> THERMO |
| <input type="checkbox"/> FRESH PHYS II | <input type="checkbox"/> EM | <input type="checkbox"/> QM |

IV. TA Experience

List all OSU courses for which you've been a TA:

To the best of my knowledge, all information is complete and correct.

SIGN HERE: _____

DATE: _____