

Teaching Fellow Application for Harvard Graduate Students
Department of Stem Cell and Regenerative Biology
Due dates: Fall term by May 15/ Spring term by October 15

Course Name and Number: _____ Term and Year: _____

Course Instructor(s): _____ I will teach: 1 section 2 sections

First name: _____ Middle (no initial): _____ Last: _____

Harvard ID #: _____ HUID expiration date: _____ Social Security #: _____ - _____ - _____ **Date of birth:** _____

Status as of appointment start date (January 1 for spring, August 1 for fall): (e.g., G2, G3, G4, etc., visiting fellow): _____

Single Married Are you supported by an NSF (National Science Foundation) fellowship? **yes** **no**

For Graduate Students:

In what degree program are you enrolled? (e.g., DRB, MCO, BCMP, Chemical Biology, Systems Biology, Neuroscience, Genetics):

Year you entered program: _____ Qualifying exams passed? **yes** **no** Expected date? _____

Direct Deposit: **yes** **no** (If you do not have direct deposit, you must sign up for it.)

Regular paycheck issued by: _____ Administrator's name: _____

Current Position

P.I.: _____ Department: _____ Location/University campus: (e.g., FAS, HMS) _____

Home address: (required) _____ Mailing address: (University) _____

Phone (home or cell): _____ Phone (lab): _____ Fax (lab): _____

Email: _____

Educational Information

Degree and Year	College, University, Institution	Discipline
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous teaching experience (list most recent Harvard appointment first):

University Course	Title	Instructor	Date (term and year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of applicant _____ Please print your name: _____ Date _____

Signature of PI: _____ Please print your name: _____ Date _____

Required for BBS/DMS students only – Leah Wade Simons' signature: _____

Required for MCO students only – Patricia Perez's signature: _____