

Graduate Teaching Assistantship – Returning Student Application
UAF Department of Anthropology
907-474-7009

Term: Fall Spring (select one)

1. Name:

2. Email:

3. Semester of entry in program: Fall Spring Year:

4. Degree Attempting:

5. Graduate GPA:

6. Sub-disciplinary specialization (check all that apply):

- Archaeology
- Cultural Anthropology
- Biological Anthropology
- Linguistic Anthropology

7. Do you currently have any incomplete grades? Y N (If yes, please list the course and semester in which you received them.)

8. Specify the number of semesters of previous RA and/or TA funding through the Anthropology Department:

9. Degree Progress (check all that apply):

- Committee formed
- Thesis topic selected
- Thesis proposal approved
- Comps completed
- Advanced to candidacy

10. Previous Teaching Experience:

Institution	Course	Your Role (e.g., TA, guest lecturer, tutor)

CERTIFICATION – to be read and signed by all applicants to certify the accuracy of the information provided:

I certify under penalty of perjury under the laws of the State of Alaska and the United States that I have provided complete and accurate responses to the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the University of Alaska Fairbanks to release any information submitted by me in connection with my application to any person, firm, corporation, association, or government agency to verify or explain the information I have provided, to obtain other records necessary for my application, or in connection with perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.

I understand that as a condition of accepting a Teaching Assistantship I am required to reside in Fairbanks for the contract period (excluding weekends, holidays, and other off-contract periods).

I certify that so long as I am a student at this institution, I will advise the residence clerk and the Graduate Program Coordinator if there is a change in any of the facts affecting my residence.

Signature:

Date: