



TEACHING FELLOW APPLICATION

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Course information:

Course instructor _____ Term / Year _____
Course number _____ Number of sections _____

For MCB degree students only:

Does this qualify as required teaching? ☐ Yes ☐ No Note: If this does not qualify for required teaching, additional signatures from your DAC Chair and the MCO program will be required.

Personal information:

First name _____ Middle name _____ Last name _____
Date of birth _____ Personal phone _____ Harvard ID _____
Email address _____ Last 4 digits of SSN _____
Degree program _____ Status (G2, G3, Visiting Fellow, etc.) _____ Year entered program _____
Have you passed your qualifying exam? ☐ Yes ☐ No If yes, please indicate when _____
University mailing address _____ Home address (required) _____

University affiliation:

Department _____ PI / Advisor _____
Campus location (HU, HMS-LMA, MGH, HSPH, etc) _____ Lab phone _____

Education:

Degree / Year	College / University	Discipline

Previous teaching experience:

College / University	Course title	Instructor	Date (Term / Year)



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Required funding information:

Paycheck issued by department _____ Administrator name _____

Are you supported by a NSF Fellowship? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

☐ I have direct deposit ☐ I must sign up for direct deposit

Note: This is a preliminary offer (pre-course enrollment deadline). If enrollment is less than expected, it may be necessary to reduce or cancel your teaching assignment.

Advisor / PI signature _____ Date _____

Applicant signature _____ Date _____

Instructor / Preceptor signature _____ Date _____

Samantha Reed signature (Required - DMS students only) _____ Date _____

DAC Chair signature (MCO - if outside required) _____ Date _____

Lindsay Guest signature (MCO - if outside required) _____ Date _____