

TEACHING FELLOW APPLICATION
HARVARD GRADUATE STUDENTS
HARVARD UNIVERSITY

COURSE INFORMATION

Course Number: Term & Year: Course Instructor:
Number of Sections: ☐ One ☐ Two

FOR MCB DEGREE STUDENTS ONLY

Does this qualify as required teaching? ☐ Yes ☐ No
If this does not qualify as required teaching, additional signatures from your DAC Chair and the MCO Program Director will be required below.

PERSONAL INFORMATION & UNIVERSITY AFFILIATION

Name: (First/Middle/Last) HUID: Phone #:
Email Address: Date of Birth: Last 4 digits of SSN:
Degree Program: Year Entered Program: Status (G2, G3, G4, etc., Visiting Fellow):
Have you passed your qualifying exam? ☐ Yes ☐ No If yes, please indicate when:
Home Address: (Required) University Mailing Address:
Department: PI/Advisor: Lab Phone #: Campus Location: (HU, HMS-LMA, MGH, HSPH)

EDUCATION

PREVIOUS TEACHING EXPERIENCE

Degree/Year	College, University, Institution	Discipline	University	Course Title	Instructor	Date (Term/Year)

Regular paycheck issued by (Dept.): Administrator's Name:
☐ I have direct deposit ☐ I must sign up for direct deposit Are you supported by an NSF Fellowship? ☐ Yes ☐ No
Are you legally authorized to work in the United States? ☐ Yes ☐ No

Please 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 or PI Signature _____ Date _____ Applicant Signature _____ Date _____
Course Instructor or Preceptor Signature _____ Date _____ Samantha Reed (Required- DMS students only) _____ Date _____
DAC Chair's Signature (MCO- if outside requirement) _____ Date _____ Fanuel Muindi's Signature (MCO-If outside requirement) _____ Date _____