Community Rehabilitation & Disability Studies

Full Name

Email

Department

Degree Program

Year of Study

UCID

Please indicate any other GA(T) appointments applied for or currently held

Please provide information on all scholarships awards (if applicable), graduate studentship stipends, and other university-based income that you will be receiving or have received for the current academic year

Scholarship Award, Studentship Stipend, Other UofC income	Amount	Term

Have you previously held a GA(T) position for an MDSC, HSOC, or CORE? (BCR Program)

No

Yes If Yes, please indicate course number and term(s) held

Is your Supervisor aware of and supportive of this GA(T) appointment application?

Yes

No

COMMENTS

* For all advertised GA(T) appointment opportunities, please submit completed application form along with a cover letter and current Curriculum Vitae (CV) to the email indicated on the posting.