

Teaching Assistant (TA) Appointment Form

The TA works under the guidance and supervision of the course director and duties will vary from course to course. The TA experience will require careful planning and monitoring to ensure that the TA, the students, and the course director benefit from the relationship. Course directors are encouraged to provide feedback and mentoring to the TA on an ongoing basis. To provide appropriate honorarium to the student for acting as a TA and to ensure mutual understanding of the TA's duties, please complete this form and return to Bouchra Hannaoui boh3002@med.cornell.edu. Only graduate students in good academic standing who have the approval of their sponsor may be appointed. All TA appointments will be reviewed by Associate Dean for Academic Affairs, Dr. Randi Silver.

THIS FORM SHOULD BE SUBMITTED AT LEAST THREE WEEKS BEFORE THE START OF THE COURSE.

PLEASE NOTE: Course Directors will need to submit a Teaching Assistant Honorarium Request Form no later than TWO WEEKS after the course has ended.

COURSE INFORMATION

Course Director: _____

Title of Course: _____ **Course Code (LEARN):** _____

Recurring Day/Time: _____ **Course Term:** _____

TA INFORMATION (max number of TA appointments per course is five)

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|--|
| 1. Student Name: _____ Email: _____ Program: _____ Year: _____ PI*: _____ |
| Estimated Number of Work hours: _____ Estimated Honorarium (typical max of \$750 per Quarter): _____ |

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|--|
| 2. Student Name: _____ Email: _____ Program: _____ Year: _____ PI*: _____ |
| Estimated Number of Work hours: _____ Estimated Honorarium (typical max of \$750 per Quarter): _____ |

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|--|
| 3. Student Name: _____ Email: _____ Program: _____ Year: _____ PI*: _____ |
| Estimated Number of Work hours: _____ Estimated Honorarium (typical max of \$750 per Quarter): _____ |

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|--|
| 4. Student Name: _____ Email: _____ Program: _____ Year: _____ PI*: _____ |
| Estimated Number of Work hours: _____ Estimated Honorarium (typical max of \$750 per Quarter): _____ |

| |
|--|
| 5. Student Name: _____ Email: _____ Program: _____ Year: _____ PI*: _____ |
| Estimated Number of Work hours: _____ Estimated Honorarium (typical max of \$750 per Quarter): _____ |

** Only graduate students in good academic standing, and with permission from their major sponsor, will be appointed. Please attach an e-mail from the major sponsor of each TA acknowledging their approval of the student serving as a TA for the estimated hours per week.*

Course Director has discussed estimated work hours and honorarium with each student TA appointed above.



Weill Cornell Medicine

Graduate School of Medical Sciences

TA RESPONSIBILITIES

- | | |
|--|--|
| <input type="checkbox"/> Conduct review sessions of classroom lectures | <input type="checkbox"/> Being available to students by holding office hours |
| <input type="checkbox"/> Conducting review sessions for exams | <input type="checkbox"/> Reviewing exam questions/proctoring exams |
| <input type="checkbox"/> Conducting one-on-one tutoring sessions | <input type="checkbox"/> Grading exams |
| <input type="checkbox"/> Leading journal article discussion/small groups | <input type="checkbox"/> Grading homework |
| <input type="checkbox"/> Preparing and conducting lab/practicum sessions | <input type="checkbox"/> Photocopying/distributing of course materials |

Other (please specify below):

***** WHEN SUBMITTING THIS FORM, PLEASE ATTACH OR SEND A HARD COPY OF THE COURSE SYLLABUS *****

Course Director Signature: _____ **Date:** _____

Graduate School Approval: _____ **Date:** _____