

# NUS Student Work Scheme (NSWS-Teaching Assistant) Supplementary Form



(Strictly for use in Department of Biological Sciences)

Instructions to apply:

- Approach relevant DBS Course Coordinator/Full-Time Teaching Assistant and mutually agree on the proposed part-time teaching appointment details;
- Fill in all details to be completed by student on this form;
- Place the application at the **Graduate Studies Office mailbox located at DBS Administration Office Block S3 Level 5.**

To be completed by Student	
<b>A. Student Particulars</b>	
<b>Title</b>	<b>Name</b> ( <u>Underline</u> surname) <b>Student ID.</b>
<b>Programme Type</b>	<b>Degree</b>
<b>Citizenship</b> (Please tick accordingly [ ✓ ] )	
<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> International Citizen (Nationality: _____)	
<b>Contacts</b>	
Handphone No: _____	
Email Address: _____	
<b>B. Proposed Appointment:</b>	
<b>Period</b> [Please state semester (e.g. Sem 1 AY2015/16) or period from: ____ to ____ (dd/mm/yyyy)].	<b>Teaching Assistant Duty</b> (Please give the course code that you are teaching).
Total no. of proposed hours: _____	
<b>C. Other Information:</b>	
<b>For Graduate Research Students Only</b>	1. Are you a NUS Research Scholarship/Award holder? <input type="text"/> Yes/No <b>(Choose an item.)</b> 2. Are you on Graduate Assistantship Programme (GAP)? <input type="text"/> Yes/No <b>(Choose an item.)</b> 3. How many hours of GAP have you completed? _____
	Please obtain the necessary endorsement from your Thesis Advisor: <b>I support/do not support* the student's proposed appointment.</b>
	Name of Thesis Advisor : _____ Signature : _____ Department : _____ Date : _____

### Applicant's Declaration:

I declare that the information I have provided in this application form is, to the best of my knowledge and belief, correct and complete. I understand that any false or willfully suppressed information will render my application null and void; and if appointed, I agree that my appointment shall be terminated.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval/Acknowledgement of Course Coordinator(s)/Full Time Teaching Assistants**

Course	Course Coordinator(s) /Full Time Teaching Assistants	Signature and date