



DEPARTMENT OF FRENCH AND ITALIAN

GRADUATE TEACHING ASSOCIATE (GTA) APPLICATION

Please print or type

1. Full Name _____ OSU ID: _____

2. Present Address _____

3. Permanent Address _____
City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

4. Date of Birth ____/____/____ Month/Day/Year Citizenship _____ Visa _____
Country

5. Phone # _____ email: _____

6. Do you have any handicaps or health problems which may affect work
Performance of which we should be aware? _____

7. College or University Education:

| <u>Institution</u> | <u>Location</u> | <u>Dates</u> | <u>Date Degree Rec'd</u> |
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***An application for admission to The Ohio State University Graduate School must also be completed. If you have not yet received an admission application, please contact: The Ohio State University, Admissions Office, 1800 Cannon Dr. Columbus, OH 43210, 614-292-9444. An associateship cannot be offered to anyone who has not been admitted to the Graduate School.**

8. Language in which you wish to have a Teaching Associateship:

French _____ Italian _____

9. Explain type and place of any previous teaching experience:

10. List any special language or language teaching qualification you may have.

11. List the three references you are sending

12. **STATEMENT OF PURPOSE:** Summarize your interest and experiences(s) in the field of foreign languages and literatures and your plans for the future.
Attach statement to application.

When completed this form should be mailed to:

Graduate Secretary
Department of French and Italian
The Ohio State University
200 Hagerty Hall, 1775 College Rd.
Columbus, OH 43210-1340, USA