Application for Electrical and Computer Engineering UNDERGRADUATE TEACHING ASSISTANTSHIP

Academic Year:

	Fall □ S	pring			
Do not check more than one box –submit separate applications for each period.					
Return completed applications to Student	Services, 1212 Coo	ver Hall, or e-ı	mail to <u>n</u>	eander@iastate.edu	
Last Name:		First Na	First Name:		
ISU ID Number:					
Campus Address:		Phone:			
Summer Address:	mmer Address: Phone:				
Email Address:					
Major : \square EE \square CprE \square CybE \square Other		Year:	Senior	Junior	
Overall GPA:					
Estimated Graduation Date:					
Academic Advisor:					
Major Area of Interest:					
Previous Work History:					
Course/Topic Preferred:					
Labs-Course			Gr	ade in Course	
(i) (ii)					
(iii)					
ISU Faculty Reference(s):					
Other comments:					
Optional: A resume can be attached to this application					
DATE SUBMITTED:					