## <u>APPLICATION FOR COURSE INSTRUCTOR – CUPE 3902</u> <u>UNIT 1</u>

## 2024-2025

NAME:		
(Last Name)	(First Name)	(Initial)
TELEPHONE NUMBER:		
(University	y) (Home)	
EMAIL ADDRESS:	@UTORONTO.CA	
MAILING ADDRESS: Street		
Unit (if applical	ble)	
City		
Province		
Postal Code _		
WHERE (which University) AND IN V	WHAT DISCIPLINE DID YOU GRADUATE FROM:	
YEAR THAT YOUR <b>FIRST</b> DEGREE	E WAS OBTAINED:	
AREA OF CURRENT RESEARCH: _		
FOR WHICH COURSE ARE YOU AI	PPLYING:	
PLEASE ATTACH YOUR TEACHING DOSSIER,	LISTING YOUR TEACHING QUALIFICATIONS FOR THIS POSITION	N

Associate Chair (Undergraduate)
Department of Mechanical and Industrial Engineering
University of Toronto
5 King's College Road, Room MC 109
Toronto ON M5S 3G8

PLEASE RETURN THIS FORM TO:

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