

**DEPARTMENT OF ITALIAN  
TA APPLICATION FORM**

**NAME:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_

Is Italian your native language?     Yes     No    Are you an Italian Major?     Yes     No

**ITALIAN COURSES YOU HAVE TAKEN:**

INSTITUTION	COURSE TITLE	PROFESSOR	YEAR
1.			
2.			
3.			
4.			
5.			
6.			

**STUDY ABROAD EXPERIENCE:**     No     Yes

**IF YES:**

- What program/s? \_\_\_\_\_
- Country/ies? \_\_\_\_\_
- Length of stay/s? \_\_\_\_\_

**OTHER LANGUAGES STUDIED:** \_\_\_\_\_

**EXPLAIN IN FULL:**

- When? \_\_\_\_\_
- Where \_\_\_\_\_
- For how long? \_\_\_\_\_
- Current proficiency? \_\_\_\_\_

Are you on     Financial Aid?     Work Study?

**PLEASE DISCUSS YOUR INTEREST IN THE POSITION OF APPRENTICE TEACHER:**

- What interests you about this job?
  
- What can you contribute to the Intensive Program? (personal qualities, special talents, etc.)

Use the back of this sheet if necessary.