|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PART I – Personal Data (to be completed by the Student) | | | | | | | | |
| Family Name | | Given Name | | | | | | Student ID Number |
| **ACADEMIC BACKGROUND (including ongoing post-secondary degree)** | | | | | | | | |
| Degree | Department | Name of Discipline | | | | | | Month/Year Completed or Expected Completion |
|  |  |  | | | | | |  |
|  |  |  | | | | | |  |
| At the time of application, are you attending university? | | | | | | | | |
| Full time ⧠ | | Part time ⧠ | | | | | |  |
| How many credits will you have completed towards your degree program when this award is held? | | | | | | | | |
|  | | | | | | | | |
| **SCHOLARSHIPS AND OTHER AWARDS RECEIVED (starting with most recent)** | | | | | | | | |
| Name of Award | | Where Received | | | | | | Period Held (mm/yy-mm/yy) |
|  | |  | | | | | |  |
| **OTHER INFORMATION** | | | | | | | | |
| I am legally entitled to work on campus. | | | Yes | ⧠ | | No | ⧠ |  |
| Current Address  (If current address is temporary, indicate leaving date) | | | | | Permanent Mailing Address (if different) | | | |
| Telephone number at current address | | | | | Telephone number at permanent mailing address | | | |
| E-mail address | | | | |  | | | |

**Centre for Teaching and Learning (CTL)**

**Summer Student Employment Award Application**

**Submit this application form with a copy of transcripts and student resume (in a single PDF file) by 11:59 PM, March 10, to** [**ctl@ualberta.ca**](mailto:ctl@ualberta.ca)**. Please confine your input to the spaces provided, using 12 pt font.**

|  |  |  |  |
| --- | --- | --- | --- |
| PART II – Faculty Instructor (to be completed by the Faculty Member) | | | |
| Name and Title of Supervisor | | Department | |
| University of Alberta Address | | Telephone Number | |
| Email | |
| If the target is course redevelopment, course (s) number, title, description  If the target is program revision, program description. | | Typical Enrolment | |
| Will the student’s work require approval by the Research Ethics Board (REB)?  ⧠ Yes ⧠ No | | | |
| Briefly comment on the candidate’s background and why you believe this student is best suited to assist you in creating learning objects and/or tasks that will enhance your course/program. What are the benefits to the future aspirations of the student? | | | |
| **SIGNATURE** | | | |
| I hereby certify that I will be supervising this student in the development of learning activities for a course/program during the period of tenure. | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Supervisor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Supervisor (please print)** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |

|  |  |  |
| --- | --- | --- |
| PART III – Proposed Work Project (to be completed by the student and faculty member in collaboration) Outline the proposed work in course or program development that will take place over the summer months. Indicate what learning objects and/or tasks will be created and how the learning objects/tasks will enhance your teaching and the learning outcomes in the course or program. | | |
|  | | |
| Does any of the work require approval by the Research Ethics Board (REB)? ⧠ Yes ⧠ No | | |
| **SIGNATURES** | | |
| I hereby acknowledge that the information above is accurate and I agree to abide by the regulations governing this award. I agree to submit a report outlining the outcomes of this award. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Student | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Student (please print)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |