



# PhD in Population Health Sciences

Environmental Health | Epidemiology | Global Health & Population | Nutrition | Social & Behavioral Sciences

## TEACHING FELLOW REQUIREMENT FORM

Use this form to request for a teaching fellow position. Review this form with the course instructor and your faculty advisor, obtaining her/his signature before submitting to the the field of study academic administrator. After their approval and sign off, the field of study will notify the PHS office of their decision, in which the PHS office will sign off as acknowledgement and file the form appropriately.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ HUID: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Year Entered Program: \_\_\_\_\_

Field of Study:  EH  EPI  GHP  NUT  SBS

**For students that entered the program prior to Fall 2021:**

I chose to **opt in** to the new funding model  I chose to **opt out** of the new funding model

**I WILL BE A TEACHING FELLOW FOR THE FOLLOWING:**

Course	Course Title	Term	Instructor	# Credits

**Please check the box that applies:**

- I will be using this position to fulfill teaching fellow requirements and will enroll in PHS 301
- I will be using this position to fulfill teaching fellow requirements and will **not** enroll in PHS 301
- I will **not** be allocating this position towards the teaching fellow requirement, and instead will be receiving payment in addition to my stipend.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUIRED SIGNATURES

I agree that the student's work with the above course will fulfill the selected amount of credits toward their requirement.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Field of Study Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHS Program Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc:  Student  Course Instructor  Academic Advisor  Academic Administrator  PHS Office