TEACHING ASSISTANT TRAINING PROGRAM
Rensselaer Polytechnic Institute
Registration Form

Demographic Information

1. Name: _____
   Last (Family) First (Given) Middle

2. Rensselaer Student ID No.: ___ ___ ___ - ___ ___ ___ - ___ ___ ___

3. Citizenship: _____ Gender: _____ Male _____ Female

4. Address and Telephone Number where we may contact you **before the start of the Program**

   Address: _____ City: _____

   State/ Province_____ Zip Code _____ Country: _____

   Telephone: _____ email: _____
   Above address valid until
   _____(date)

5. In case of emergency during the Program, who should be contacted? (Int'l Students: If possible, list a friend or relative in the United States.)

   Name: _____ Address: _____City: _____State_____
   Country: _____ Telephone No.: _____

   Please describe any special medical conditions we should be aware of, if any:

   Do you have any special dietary needs we should be aware of in planning your meals for the Orientation?
   _____ Yes _____ No If yes, please describe:

6. When you arrive in Troy are you planning to live on-campus? _____ Yes _____No
   Have you mailed your Housing Application to Residence Life Office? _____Yes _____No

7. Program of Study at Rensselaer: ___ Master's ___ Doctoral Department: _____

Teaching Skills

8. Have you held a teaching position(s) previously? _____ Yes _____ No
   Grade Level & Course:

9. Please give brief description of the topic you have chosen to present in your mandatory Microteaching session:

Please return this form to: **Celia Paquette**
Office of Graduate Education
Walker Lab Rm. 4103
Rensselaer Polytechnic Institute
110 8th Street; Troy, NY 12180

Email: paquec@rpi.edu