NUS Student Work Scheme (NSWS-Teaching Assistant)

Supplementary Form

*(Strictly for use in Department of Biological Sciences)*

Instructions to apply:

* Approach relevant DBS Module Coordinator/Full-Time Teaching Assistant and mutually agree on the proposed part-time teaching appointment details;
* Fill in all details to be completed by student on this form;
* **Place the application at the Graduate Studies Office mailbox located at DBS Administration Office Block S3 Level 5.**

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| To be completed by Student |

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| **A. Student Particulars** |

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| **Title** | | | **Name** (Underline surname) | | | | **Student No.** |
| **Birth Date** (dd/mm/yyyy) | | | | **Home Department** | | | |
| **Programme Type** | | | | **Degree** | | | |
| **Citizenship** (Please tick accordingly [ 🗸 ] ) | | | | | | | |
|  | [ ] | Singapore Citizen (NRIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | | | | |
|  | [ ] | Singapore Permanent Resident (NRIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | [ ] | International Citizen (FIN No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) (Nationality: \_\_\_\_\_\_\_ ) | | | | | |
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| **Singapore Mailing Address:**  Postal code ( ) | | | | | **Contacts** | | |
| Telephone No.: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Handphone No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Email Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **B. Proposed Appointment:** |

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| Period [Please state semester (e.g. Sem 1 AY2015/16) or period from: \_\_\_\_ to \_\_\_\_ (dd/mm/yyyy)]. Total no. of proposed hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Teaching Assistant Duty (Please give the module code that you are teaching). |
| **Is this appointment for claiming payment?** (please circle accordingly) YES/ NO | |
| **Are you currently holding another part-time appointment in NUS?** **Choose an item.**  **If “Yes”, please state:**  Total no. of working hours per week : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Rate of payment : $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **C. Other Information:** |

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| **For Graduate Research Students Only** | 1. Are you a NUS Research Scholarship/Award holder? **Choose an item.** 2. Are you on Graduate Assistantship Programme (GAP)? **Choose an item.** 3. How many hours of GAP have you completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name of Scholarship/Award: | | | | | |
| Award start date: | (dd/mm/yyyy) | | Award expiry date: | | (dd/mm/yyyy) |
| Please obtain the necessary endorsement from your Research Supervisor:  **I support/do not support\* the student’s proposed appointment.** | | | | | |
| Name of Research Supervisor | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For All Students** | **Will you be working in the same department as your Home Department?**  **Choose an item.**  **If “No”, please obtain the necessary endorsement from the Administrative Staff at your Home Department before submitting the form to the Hiring Department (where you will be employed).** | | | | | |
| Name of Department Staff | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant's Declaration:**

I declare that the information I have provided in this application form is, to the best of my knowledge and belief, correct

and complete. I understand that any false or willfully suppressed information will render my application null and void;

and if appointed, I agree that my appointment shall be terminated.

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

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| **Approval/Acknowledgement of Module Coordinator(s)/Full Time Teaching Assistants** | | |
| Module | Module Coordinator(s) /Full Time Teaching Assistants | Signature and date |
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| To be completed by Approving Officer in Hiring Faculty/Department |

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| **I approve/do not approve\* the proposed appointment.** | | | | | | | |
| **Rate of payment**: $ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | per hour | **Total remuneration**: $ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Signature | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Designation | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***\* To delete as appropriate.***

Ver 24/10/2016