<u>APPLICATION FOR COURSE INSTRUCTOR – CUPE 3902</u> <u>UNIT 1</u>

2025-2026

NAME:		
(Last Name)	(First Name)	(Initial)
TELEPHONE NUMBER:		
(Unive	rsity) (Home)	
EMAIL ADDRESS:	@UTORONTO.CA	
MAILING ADDRESS: Street		
Unit (if app	olicable)	
City		
Province _		
	de	
WHERE (which University) AND	IN WHAT DISCIPLINE DID YOU GRADUATE FROM	Л:
YEAR THAT YOUR FIRST DEG	REE WAS OBTAINED:	
AREA OF CURRENT RESEARC	CH:	
FOR WHICH COURSE ARE YO	U APPLYING:	
PLEASE ATTACH YOUR TEACHING DOSS	SIER, LISTING YOUR TEACHING QUALIFICATIONS FOR THIS POSIT	ION

Associate Chair (Undergraduate)
Department of Mechanical and Industrial Engineering
University of Toronto
5 King's College Road, Room MC 109
Toronto ON M5S 3G8

PLEASE RETURN THIS FORM TO:

Associate Chair (Graduate)
Department of Mechanical and Industrial Engineering
University of Toronto
5 King's College Road, Room MC 108
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