

GRADUATE TEACHING ASSISTANTSHIP FORM AND INTERVIEW PROCESS
DEPARTMENT OF EXERCISE AND SPORT SCIENCE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

DATE _____

FULL NAME _____ PREFERRED NAME _____

AGE _____ T-SHIRT SIZE _____

AREA OF GRADUATE SPECIALIZATION _____

PERMANENT HOME ADDRESS

PHONE # _____ EMAIL ADDRESS: _____

ADDRESS WHERE YOU MAY BE REACHED JUNE/JULY/AUGUST

PHONE # (if different) _____

COLLEGES/UNIVERSITIES ATTENDED DATES ATTENDED/EARNED DEGREE/DATE

COLLEGES/UNIVERSITIES ATTENDED	DATES ATTENDED/EARNED DEGREE/DATE
_____	_____
_____	_____
_____	_____

GRADE POINT AVERAGE _____

GRE SCORES: VERBAL _____ QUANTITATIVE _____ ANALYTICAL _____

TEACHING EXPERIENCE (Check where appropriate)

1. ___ Student teaching in physical education: Grade Level _____
2. ___ Private lessons and/or camps: Number of years _____
3. ___ Private/Public school teaching: Number of years _____
4. ___ Coaching (please specify) _____
5. ___ Other (please specify) _____

LIST ALL CURRENT CERTIFICATIONS (CHECK WHERE APPROPRIATE)

1. _____ Water Safety Instructor
2. _____ Lifeguard Training Instructor
3. _____ Lifeguard Training
4. _____ First Aid Instructor
5. _____ First Aid
6. _____ Adult CPR Instructor
7. _____ Adult CPR
8. _____ Scuba Diving Instructor (NAUI/PADI)
9. _____ Aerobics Instructor (please specify: eg. ACE or AFFA) _____
10. _____ Other (please specify) _____

(OVER)

Listed below are some of the courses taught in The University of North Carolina Lifetime Fitness/ Physical Activities Program. Please select from these courses those in which you are able to teach as well as those you would prefer to teach. Please list the skill level(s).

- | | |
|-------------------------|-------------------|
| Aerobics | Soccer |
| Badminton | Swim Conditioning |
| Basketball | Swimming |
| Exercise & Conditioning | Tennis |
| Flag Football | Ultimate Frisbee |
| Indoor Soccer | Volleyball |
| Jogging | Walking |
| Racquetball | Weight Training |

TEACHING COMPETENCIES AND PREFERENCES (Please list the courses that you are capable of and prefer to teach, please prioritize)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

QUALIFIED TO TEACH (You currently hold or will hold an instructor certification for the course)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

PLEASE RETURN APPLICATION TO: EXECUTIVE ASSISTANT
DEPARTMENT OF EXERCISE & SPORT SCIENCE
209 FETZER, CB# 8700
THE UNIVERSITY OF NORTH CAROLINA
CHAPEL HILL, NC 27599-8700

For more information about the Lifetime Fitness/ Physical Activities Program, please see our website at:

http://www.unc.edu/depts/exercise/activities_program/index.htm