

## University of Toronto Mississauga: Department of Management Invigilation Application Form

Name & title (i.e. Ms., Dr.)		
Email address		
Mailing Address		
City, Province, Postal Code		
Telephone number(s)	Primary:	Secondary:
U of T Student Number		
Social Insurance Number (SIN)*		
*If your SIN number begins with a "9", a copy of your valid work permit must be attached		
Date of Birth	DD / MM / YYYY	

Have you been previously employed by the University of Toronto?	Yes _____ No _____
Do you hold, or have you held other TA positions?	Yes _____ No _____
Are you currently registered as a University of Toronto student?	Yes _____ No _____
Are you currently on a TA contract with the university? If yes, where?	
Which program and degree are you presently working toward?	

I certify that the above information is correct.

DD MM YYYY

---

Name (please print)
Signature
Date

**FOR OFFICE USE ONLY:**

To be completed by instructor or course designate			
Course Code		Total hours worked	
Date Worked	DD / MM / YYYY	Assistant Invigilator _____	OR Invigilator _____
Instructors Name		Signature	

To be completed by administrative office			
Total hours worked =	X	\$	per hour =
		\$	CC/IO:
		\$	CFC:
		\$	GL:
Approved by		Signature	

Date sent to UTM Human Resources Office: DD / MM / YYYY
Campus-mail [ ] Fax [ ] PDF [ ] In-Person [ ]
Sent by: