HARVARD
DIVISION OF MEDICAL SCIENCES

Teaching Fellow Candidates (Faculty Use)

Instructor Name:	**Instructor Email:**
Primary Course Contact:	**Primary Course Contact Email:**
Course (e.g CellBio 201):	**Semester and Year:**
Has course had PAID TFs previously?	**Course Location** (ex. Longwood C, affiliated hospital)**:**
Job Duties *(specifically describe duties such as: leading sections, holding office hours, grading assignments, attending lectures, etc.)***:**	

CANDIDATES TO TEACHING FELLOW POSITONS		
Number of Teaching Fellows for this course:	**No. of hours that TFs will work per week:**	**No. of students assigned to TFs:**

LAST NAME	FIRST NAME	HUID	EMAIL	PROGRAM	G-YEAR

Additional comments:

***If needed, use for additional TFs**

LAST NAME	FIRST NAME	HUID	EMAIL	PROGRAM	G-YEAR