

Student Candidate Qualification

Review Form

The MSOL Program is current positions. To ensure that c MSOL, we ask that the stude	andidates are qualif	ied to carry out th	neir duties as a TA for	
Jame of Student Candidate		UID#		
Name of Graduate Advisor		# of graduate units completed		
Has the student Advanced Candidacy(ATC)?	to	ATC Date		
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
Course #	Instructor in Char	rge	Office location	
Phone #	Title of Course			
Has the student completed course?		If yes, indicate letter grade		
If the student is not a U has the student passed th		nglish is not the	ir first language)	
TA Candidate Assignment (select term)	Year			
Additional comments regar	ding the candidate	::		
Thank you for completing th correct to the best of your		n below to verify th	nat the information above is	3
Signature of Graduate Advisor		Date		