FAS Teaching Appointment Review & Approval Form

Purpose: Use this form to request institutional review and approval of proposed Teaching Assistant (TA) or Lecturer appointments. FAS review and approval is required for individuals paid on grants, holding their primary academic appointment in the FAS and before teaching duties begin.

1. Teaching Appointment Information

Course Title & Number	Course Instructor
Academic Year	Semester: ☐ Fall ☐ Spring ☐ Other
Number of Sections	FTE Level per section
Start Date (MM/DD/YY)	End Date (MM/DD/YY)

2. Requested appointment title

☐ Teaching Assistant
☐ Lecturer

3. Personal Information

First Name: _____ Middle Name: _____ Last Name: _____
Harvard ID (last 4 digits): _____
Email: _____
Home Academic Department: _____
PI/Lab Director: _____

4. Primary Appointment Status

☐ Postdoctoral Fellow ☐ Research Associate ☐ Research Scientist ☐ Fellow
☐ Staff ☐ Visiting Scholar ☐ Other _____

5. If appointment as a TA, has the individual completed two years of study toward an advanced degree, relevant to the teaching assignment, or taught two years at the university level?
☐ Yes ☐ No

6. Funding source(s) of primary appointment

Please list all anticipated funding sources that will support the individual's primary appointment during the proposed teaching appointment term.

Funding Source #1	Funding Source	Funding Type (Grant/Fellowship/ Contract/Other)	Sponsor Award Number (if applicable)	% of pay from this source	Teaching Restrictions Yes/No
33 digit account string:					

Funding Source #2	Funding Source	Funding Type (Grant/Fellowship/ Contract/Other)	Sponsor Award Number (if applicable)	% of pay from this source	Teaching Restrictions Yes/No
33 digit account string:					

Funding Source #3	Funding Source	Funding Type (Grant/Fellowship/ Contract/Other)	Sponsor Award Number (if applicable)	% of pay from this source	Teaching Restrictions Yes/No
33 digit account string:					

Funding Source #4	Funding Source	Funding Type (Grant/Fellowship/ Contract/Other)	Sponsor Award Number (if applicable)	% of pay from this source	Teaching Restrictions Yes/No
33 digit account string:					

Research Portfolio Manager (RPM) Name:_____

☐ RPM Certification: I certify that the funding information listed above represents the most accurate projected funding available during the proposed teaching appointment term at the time this form is completed.
Contact FORA to review changes to funding source(s) as needed.

7. Employment Eligibility

◯ U.S. Citizen ◯ Lawful Permanent Resident ◯ Visa Holder, if so, please complete below:

Visa Type: _____

Visa Expiration Date: _____

Employment Authorization End Date: _____

Was approval to teach verified with relevant advisor at the international office that sponsored the visa? ☐ Yes ☐ No

Comments: _____

8. Review & Approval

Applicant
Printed Name _____ Signature _____ Date _____

Advisor or PI (Home Department)
Printed Name _____ Signature _____ Date _____

Executive Director/Department Administrator of Home Department
Printed Name _____ Signature _____ Date _____

For Visa Holders: Name of Sponsoring International Office _____
Advisor's Name _____ Signature _____ Date _____

FAS Office of Research Administration (FORA)
Printed Name _____ Signature _____ Date _____