Graduate Writing Center Writing Consultant Application

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Name:	SID:
Program:	
Expected Graduation:/	Degree Objective:(i.e. PhD, MFA, etc.)
Email:	Phone:
Employment Information:	
UCR Employee ID#*:	
I can work: Mondays 10am-2pm	☐ Thursdays 10am-2pm
Current UCR Employment (including TAships, Re	aderships, Research Assistantships, etc.):
Department:	
Title:	
Supervisor:	
Department:	
Title:	
Supervisor:	
By signing I verify that everything in my applicknowledge.	cation is accurate to the best of my
Signature	Date

*If you have never worked at UCR, please leave blank. If you do not know your employee ID, please log onto atyourservice.ucop.edu to retrieve it.