

University of Utah
College of Health

Department of Exercise and Sport Science

SERVICE LEARNING TEACHING ASSISTANTSHIP

Name _____
Last First Middle

Address _____
Street Apt.

_____ City State Zip Code

Home Phone _____ e-mail address _____

Student ID # _____

Submit application to:

Department of Exercise and Sport Science
University of Utah
250 S. 1850 E., Rm. 241
Salt Lake City, UT 84112

Application Deadline: February 1