MedSET: Medical School Education Transition Course Teaching Assistant Application

For best consideration, please submit a completed application (Part 1-3) by **Friday, February 27, 2026**.

Applications can be emailed to Malissa Monaghan (MonaghMa@upstate.edu) or dropped off in-person to the Educational & Career Success Office, Weiskotten Hall, Room 1213A. Questions about this process or the position can be directed to Malissa.

Full Name: _____   Student ID: _____

Preferred Name: _____   Email: _____

Pronouns: _____   Phone: _____

Though grades will not be a heavy factor in determining a successful candidate, they may be considered as part of this process. By submitting this application, you understand that Academic Support may have access to your unit grades and/or academic transcript.

This position may be eligible for **Elective Credit, Hourly Pay,** or **Federal Work Study (FWS)**. Hourly Pay will be determined by availability of funds and eligibility. FWS is determined separately by the Financial Aid office and requires completion of a separate application on the *Financial Wellness* Brightspace page.

Please indicate which compensation method(s) you'd prefer. You can select more than one.

___ Elective Credit   ___Hourly Pay   ___Federal Work Study

Part One: Please attach a copy of your most recent CV/Resume to this application.

Part Two: Please provide the names and contact information for two references that can speak to your qualifications. One of these should be a current Upstate faculty member.

Reference #1:

Full Name: _____   Email: _____   Phone: _____

Relationship to you: _____

Reference #2:

Full Name: _____   Email: _____   Phone: _____

Relationship to you: _____

Part Three: Please answer the following questions.

1. What about this position interests you?

2. Please briefly describe your past experiences or qualifications to serve as a TA/mentor for this course.

3. What is the best advice you would give to an incoming first-year medical student?

_____

Name: _____   Signature: _____   Date: _____