African and African American Studies Department

UNDERGRADUATE TEACHING ASSISTANT CONTRACT

[Return complete, signed contract to 135 Willard Building.]

STUDENT INFORMATION:

Name: _____ ID #: _____

Local Address: _____

E-mail : _____ Sem Standing: _____ Expected Grad Date: _____

FACULTY MENTOR INFORMATION:

Name: _____ E-mail: _____

Office Address: _____

Phone: _____ Fax: _____

The student will be registered for 3 credits of AAAS 496A to assist with_____ . _____ during the _____ _____ semester.
(course) (section)

DESCRIPTION OF DUTIES:

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FACULTY MENTOR: PLEASE PROVIDE METHOD(S) OF EVALUATION.

I UNDERSTAND THAT THE COMPLETION OF THIS FORM DOES NOT CONSTITUTE MY REGISTRATION FOR UNDERGRADUATE T.A. CREDITS, BUT DOES PERMIT ME TO ENROLL IN THEM. APPROVAL OF T.A. CREDITS IS NOT AUTOMATIC. IT REQUIRES THE SIGNED APPROVAL OF BOTH THE STUDENT AND THE FACULTY MENTOR PRIOR TO STUDENT REGISTRATION. UPON SUBMISSION OF A COMPLETE, SIGNED APPLICATION THE CREDITS WILL BE ADDED TO THE STUDENT'S SCHEDULE.

Student Signature: _____ Date _____

Faculty Signature: _____ Date _____