

## SHORT TERM TEACHING ASSISTANT FORM

*If you wish to remain on campus as a full-time Teaching Assistant during Short Term (at least 15 hours per week), please return this signed, completed form to the Housing & Residence Life Office in Lane Hall.*

Name \_\_\_\_\_

ID# \_\_\_\_\_ Box # \_\_\_\_\_ Campus Residence \_\_\_\_\_ Room \_\_\_\_\_

Name of Faculty Member requesting assistant \_\_\_\_\_

Name of Short Term Course \_\_\_\_\_

Faculty Member's signature \_\_\_\_\_

Date

Student's signature \_\_\_\_\_

Date