

SHORT TERM TEACHING ASSISTANT/STUDENT PROJECT FORM

If you wish to remain on campus assisting with a course during Short Term (at least 15 hours per week), please return this signed, completed form to the Residence Life and Health Education Office in Lane Hall.

Name _____

ID# _____ Box # _____ Campus Residence _____ Room _____

Name of Faculty Member/Department requesting assistant _____

Teaching Assistant (paid) Student Teaching Project (unpaid)

If this position is unpaid, please write a short explanation as to how this project will benefit your academic study and/or future career goals: _____

Name of Short Term Course _____

Faculty Member's signature _____

Date

Student's signature _____

Date