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 _______