



Course Number Assigned

Teaching Assistantship (TA)

Student Name: _____

Student ID # A _____ Major: _____ Class: _____

Course Title: _____ Credits (1-3): _____
*1CR 45 hr per semester

Has the student successfully completed the course? Yes No

Has the student earned any TA credits previously? Yes No

If yes – how many credits: _____ (max 6 TA credits can be applied towards graduation)

Grading Mode P/F or Letter Grade

Instructor: _____ Department: _____ Year/Semester: _____

1. **Learning Outcomes** (What knowledge, skills, behaviors will the student be expected to demonstrate?):

2. **Responsibilities** (What will the student do as a TA?):

3. **Evaluation** (What methods/process will you use to determine if the student has met the stated learning outcomes?):

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Offering Department Chairperson Approval: _____ Date: _____

This form must be submitted to the Registrar's office with all the above signatures and approvals prior to the end of the add period of each semester.

Dean of Academic Affairs Approval: _____ Date: _____