



Instructional Assistance Contract

3520

Please Print

Student Full Name: _____

Classification: Junior Senior
(circle one)

Banner ID: 900 _____ Semester: _____

Faculty Member: _____

Course Assisting: Dept/Course # _____ Section: _____ Building _____ Room _____

Meeting Days: M T W R F Meeting Time: _____ a.m./p.m. to _____ a.m./p.m.
(circle days) (circle one) (circle one)

RESPONSIBILITIES:

Student Signature _____ Date _____

Faculty Member Signature _____ Date _____

Chairperson Signature _____ Date _____

Dean (or designee) Signature _____ Date _____

Take this contract and special course form to College of Arts & Sciences Dean’s Office, Room 100, I G. Greer Hall.