

## Instructional Assistance Contract 3520

Student Full Name: \_\_\_\_\_

Classification: Junior Senior

Banner ID: \_\_\_\_\_ Semester: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

### Course Assisting Information:

Department and Course Number \_\_\_\_\_ Section: \_\_\_\_\_ Building \_\_\_\_\_ Room \_\_\_\_\_

Meeting Days: M T W R F

Meeting Time: \_\_\_\_\_

### RESPONSIBILITIES:

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Faculty Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Chairperson Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean (or designee) Signature \_\_\_\_\_

Date \_\_\_\_\_