

# COURSE ASSISTANTSHIP APPLICATION

## UNDERGRADUATE

**NAME**

(Please Print)

Last

First

Middle

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Student ID Number

Major / Graduation Year

Course Code, Section Number, and Title of the course that you will be assisting with.  
IF THIS COURSE MEETS TWICE A WEEK, LIST THE DAY THAT YOU WILL BE ASSISTING ON .

Date of Request

Semester to be Completed

CA Course Code (REGISTRAR USE)

### APPLICATION CHECKLIST

- I will be a Sophomore, Junior, or Senior while executing this Course Assistantship.
- I have previously studied with this instructor.
- I expect to aid in class set up and assist with demonstrations and critiques, along with any other duties outlined below.
- I understand that I may only register for **ONE** Course Assistantship per semester.
- I understand that only **TWO** Completed Course Assistantships can count towards my degree.
- I understand that this Course Assistantship will count as a **3 credit elective**.
- I understand that Course Assistants do not grade students
- I understand that Course Assistants are required to attend each scheduled class.

### DESCRIPTION OF DUTIES (to be completed by Instructor)

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### DESCRIBE HOW THIS CA WILL BE EDUCATIONAL AND CONTRIBUTE TO THE STUDENT'S PROFESSIONAL DEVELOPMENT (to be completed by Instructor)

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### CRITERIA FOR STUDENT EVALUATION (to be completed by Instructor)

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IN ORDER FOR THIS COURSE ASSISTANTSHIP TO BE GRADED, THIS FORM MUST BE TURNED INTO THE REGISTRAR'S OFFICE DURING THE APPROPRIATE REGISTRATION OR ADD/DROP PERIODS.

**INSTRUCTOR NAME / SIGNATURE:** \_\_\_\_\_ / \_\_\_\_\_ **DATE**

<b>REGISTRAR USE</b>
PROCESS DATE _____
INITIAL _____

**DEPARTMENT CHAIR SIGNATURE:** \_\_\_\_\_ **DATE**

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE**