



**BEAVER COLLEGE OF  
HEALTH SCIENCES**

**Instructional Assistance (3520) / Course Assistance (3521)**

*(The Special Course Approval Form MUST accompany this contract)*

**Once form is completed, please attach it to an email and send forward for signatures.**

Semester: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 1 \_\_\_ Summer 2      Year: \_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Last                                  First                                  Middle

Banner ID \_\_\_\_\_

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

Course Assisting \_\_\_\_\_  
Prefix                  Course Number

Responsibilities:

- |   |       |
|---|-------|
| 1. _____<br>Student   | _____ |
| 2. _____<br>Faculty Member                                      | _____ |
| 3. _____<br>Department Chairperson                              | _____ |
| 4. _____<br>Executive Director of Advising and Academic Support | _____ |