APPALACHIAN STATE UNIVERSITY

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 CRN

Responsibilities:

1. _____ _____

Student Date

2. _____ _____

Faculty Member Date

3. _____ _____

Department Chairperson Date

4. _____ _____

Executive Director of Advising and Academic Support Date

Revised 8/6/2020