Beaver College of Health Sciences
APPALACHIAN STATE UNIVERSITY

Instructional Assistantship
3520
(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_____
Dept. Course Number

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