Beaver College of Health Sciences

APPALACHIAN STATE UNIVERSITY

Instructional Assistantship
3520

(The Special Course Approval Form MUST accompany this contract)

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 1/31/2019