

# Micro 4900 C

## Learning Assistant Contract

Student completes the form with instructor input, signatures as indicated below, and returns to faculty instructor

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Email: \_\_\_\_\_

Semester enrolling for credit: \_\_\_\_\_

Student will earn 1 credit for 4900C

Faculty instructor:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Reference section letters: \_\_\_\_ Lab #: \_\_\_\_ Section(s): \_\_\_\_

**Brief description** of the Teaching Assistant duties in conjunction with Lab Course:

### Expectations:

Number of hours worked per week: \_\_\_\_\_

Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

Safety training completed: \_\_\_\_ (yes/no) Date/Expected date: \_\_\_\_\_

### Signatures or email confirmation:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Completed 4900 Contract submitted: \_\_\_\_\_ Date: \_\_\_\_\_

*Form Updated 8/6/2024*