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