

# Micro 490 C

## Learning Assistant Contract

Student completes the form with instructor input, signatures as indicated below, and returns to Microbiology Office – Susan Cramer.

Student Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Student Email: \_\_\_\_\_

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

Number of credits: 1 2 (circle) for 490C

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: \_\_\_\_\_  
(3 hours minimum/week = 1 credit and 6 hours/week = 2 credits)

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

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

### Signatures or email confirmation:

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

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

Completed 490C Contract submitted to Microbiology Office Date: \_\_\_\_\_