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: ____________

Form Updated 9/16/2021