

TEACHING ASSISTANT (TA) REQUEST FORM
DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES

Be certain to review the current TA Policy before completing this form.

Course title and number: _____

Instructor: _____

Term: _____ Year: _____ Anticipated Enrollment: _____

Course Credits: _____ # of TAs requested: _____ TA Level: _____

Location/Venue: BSPH Homewood Distance Education

TA Responsibilities (please include types of exams to be graded, e-mail communication activity, grading, proctoring, etc):

Explanation for Policy Exception (if applicable):

Signature of Instructor: _____ Date: _____

Please return to the Office of Educational Programs

For Committee Use Only

Request Approved: _____yes _____no

TA Level: _____ Total Compensation \$ _____