

PROGRAM IN ART AND ART HISTORY -
TEACHING ASSISTANTSHIP CONTRACT

Student Name _____

Local Address _____

Major _____ Minor _____

Phone _____ Email _____

College _____ Class _____ Student ID# 95- _____

Check One: _____ **ARTS 4994** Studio Art Teaching Assistantship (1-3 credits) Specify
credits _____ as agreed upon with faculty sponsor.

_____ **ARTH 4994** Art History Teaching Assistantship (1-3 credits) Specify
credits _____ as agreed upon with faculty sponsor.

ARTH or ARTS 4994 is undergraduate student service as a teaching assistant, usually in an introductory-level course in the discipline, for which credit is awarded. Offered at department and instructor discretion. Students in this course should be sophomore status at a minimum and will have taken the course that they will TA for.

Course You Will Assist _____ **Semester/Year** _____

Dept. of Art & Art History Faculty Sponsor:

Faculty: Attach to this contract a detailed description of proposed teaching assistantship and detailed, typewritten answers to the following questions:

An indication of the type of work to be undertaken and of the varieties of specific experiences which you expect to have during the assistantship (be as specific as possible).

An indication of the working schedule which you intend to follow in carrying out this assistantship. An account of previous course work and other experiences which give evidence of your preparation for this assistantship.

An explanation of how, by whom, and on what basis the results of the teaching assistantship will be evaluated.

Student: Present this completed and co-signed contract to the Program Head of of Art and Art History. This must be done during the pre-enrollment period for the project semester. Failure to do so may result in denial of registration in the teaching assistantship course.

This is the only teaching assistantship, independent study, internship, or undergraduate research that I am undertaking during this semester. _____ (Student Initials)

Student Signature _____

Faculty Signature _____

**PROGRAM APPROVAL: SIGN ONLY AFTER YOU HAVE READ AND APPROVED
THE ATTACHED DESCRIPTION OF THE PROPOSED TEACHING ASSISTANTSHIP**

Program Head Signature _____ Date _____

FINAL EVALUATION

(To be filled out when the assistantship has been completed. Faculty or student bring this page to final evaluation meeting.)

Faculty Signature and date:

FINAL GRADE: _____