Subject: _________  □ 295  □ 395
(e.g. PHIL)
T.A. for which course? (e.g. PHIL 101) ________________
Number of credits: _______________
Term:  □ Fall _____  □ Spring _____  □ Summer _____
Total number of credit hours completed to date: _______________
Cumulative grade point average to date: _______________
Number of T.A. credits previously completed: ___________

Expectations for this Teaching Assistantship:

Note: Assistantship courses are designed to provide exceptionally qualified students with the opportunity to participate in observed teaching/instruction, lab assistance, tutoring, facilitation of study groups and assisting in research. Teaching Assistants may not participate in grading or in distribution of graded tests, quizzes or written assignments.

Descriptions of Duties for this Assistantship:

How will the student’s performance be assessed?

Terms and Conditions:

To be eligible for a teaching assistantship, students must have:

1. Completed 56 s.h. including a minimum of 12 s.h. at the College at Oneonta
2. A cumulative average of at least 3.0

In addition, it should be noted that:
3. Students may earn no more than 3 s.h. of assistantship credit in one semester
4. Students may earn no more than 6 s.h. of assistantship credit for any one course
5. Students may earn no more than 12 s.h. of assistantship credit during his/her entire college career
6. Credit is granted on the basis of 1 s.h. per 40 hours of participation
7. Assistantships are graded pass/fail only
8. Assistantships do not carry liberal arts credit

I have read and accept the terms and conditions of this assistantship.

I have verified that all terms and conditions have been met.

1. ____________________________  ____________________________
   Student Signature                  Date

I support this application.

2. ____________________________  ____________________________
   Instructor Signature              Date

3. ____________________________  ____________________________
   Department Chair Signature        Date

I approve this application.

4. ____________________________  ____________________________
   Division Dean Signature           Date

For Office of Registrar’s Use Only—Enrolled in:

<table>
<thead>
<tr>
<th>CAT#</th>
<th>CRN</th>
<th>S.H.</th>
<th>Processed by</th>
</tr>
</thead>
</table>

Completed form is to be returned to the office of the Registrar.

Distribution sequence: Original-Registrar; copies sent to Course Instructor, Department, and Student.