WIS 6940
Teaching Assistant Agreement

Student Name: ____________________ UF ID# ____________

Professor Name: ____________________

Assigned Course Number: ________ Term: _________

Duties: __________________________________________

________________________________________

Check one:
Are you enrolled in WIS 6940 ____ yes _____ no

Student Signature ____________________ Date ________

Professor Signature ____________________ Date ________

Complete this contract and return it to the Student Services Office to insure registration,
102A Newins-Ziegler

Registered by ____________________ Date ________

Student Services use