

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