
INSTRUCTOR APPROVAL REQUEST FORM FOR TEACHING ASSOCIATES

Date: _____

Name of Individual Initiating Form: _____

Phone: _____ Email: _____

Graduate Unit Requesting Approval: _____ Program: _____

Name: _____ Banner ID: _____

Department or Graduate Unit: _____

Highest Degree: _____ University: _____ Year: _____

Date Doctoral Comps Passed: _____

NEW -- Curriculum Vitae (required)

RENEWAL

Teaching Associate: Reserved for doctoral level students who have been formally advanced to candidacy (Application for Candidacy approved; language/skill criteria met (if required); doctoral comprehensive exam passed). Must be hired on a TA contract through Grad Studies. Approval to teach graduate level course is limited to specific course and a specific semester, and must be renewed for each course and semester. Teaching associates may not serve on thesis, dissertation, or exam committees.

Course # and Title: _____

Semester: _____

Authorized Department or Graduate Unit Signature _____ Date _____

Authorized College Signature _____ Date _____

For Graduate Studies Use

Verification of Advanced to Candidacy: Yes ___ No ___ Date: _____

Assistantship Approved: Yes ___ No ___ Date: _____

Approved ___ Denied ___ Dean of Graduate Studies: _____ Date: _____