

***ANEQ-384 SUPERVISED
COLLEGE TEACHING***

Approval Form

Student Name: _____ Semester _____ 20____

CSUID # _____ Student Signature: _____

Student email: _____

Class Standing: _____ (Sr, Jr, So, Fr) Course # Assisting: _____

Give details of how student will assist in the course. (Also indicate the amount of time per week or per semester.)

Only 1 credit is allowed for each course assisting. If assisting for more than one course, please describe in detail how student will assist with each.

Faculty Member Date

Department Approval Date

NOTE: Grading is on S/U basis only