

**TEACHING AIDE
INDEPENDENT STUDY PERMISSION FORM**

NAME _____ **PS#** _____

Email _____ **Year in School** _____

I hereby request permission to register as a **one / two credit (circle number of credits)** Teaching Aide, assisting Professor _____ with teaching for the _____ semester of Academic Year _____. *Please note that under our new Credit Hour Calculation Policy, each Teaching Aide seeking credit must record all time spent on the project, which must equal or exceed 42.5 hours per credit hour, and that the supervising faculty member must approve all hours spent.*

I understand that my professor will evaluate my work and that, in addition, I must submit a spreadsheet detailing the time spent on the project to my supervising faculty member by the end of the semester in which I am registered to receive the “S” in the course. Failure to do so will result in a grade of “U” appearing on my transcript.

Student Signature

Date

APPROVED: _____
Supervising Faculty Member

Date

APPROVED: _____
Vice Dean

Date