

Civil Engineering TA Agreement

Student Name: _____ ID Number: _____

Course Title(s): _____

Section(s): _____ Semester: _____ Year: _____

Faculty: _____

Attend Lectures: _____ Office Hours per week: _____

Number of homework assignments to grade: _____ Exams: _____

Laboratory Duties: _____

Other requirements: _____

TA Signature _____

Faculty Name(s) _____

Faculty Signature(s) _____

Please give signed copy to Laura Sacco in CEE Office for placement into student file and circulation to GPC Chair