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.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Number of credits requested for ANEQ 384 ____ *
*Note: 1 credit for helping or 2 credits for teaching

______________________________________________________________________________

Faculty Member                   Date

______________________________________________________________________________

Department Approval           Date

NOTE: Grading is on S/U basis only