

***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