

ANEQ 784-SUPEVISED COLLEGE
TEACHING
Approval Form

Student Name: _____ Semester 20 _____

CSUID: _____ Student Signature: _____

Student email: _____

Course # Assisting: _____ Section/s: _____

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 784 _____ *

*Note: 1 credit for helping

2 credits for teaching.

Faculty Member Date

Department Approval Date

NOTE: Grading is on S/U basis only