ANEQ 784-SUPERVISED 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