

**INSTRUCTOR APPROVAL REQUEST FORM
FOR TEACHING ASSOCIATES**

Date: _____

Name of Individual Initiating Form: _____

Phone: _____ Email: _____

Graduate Unit Requesting Approval: _____ Program: _____

Name: _____ SSN: _____

Department or Graduate Unit: _____

Highest Degree: _____ University: _____ Year: _____

Date Doctoral Comps Passed: _____

NEW -- Curriculum Vitae (required)

RENEWAL

Teaching Associate: Reserved for doctoral level students who have been formally advanced to candidacy (Application for Candidacy approved; language/skill criteria met (if required); doctoral comprehensive exam passed). Must be hired on a TA contract through OGS. Approval to teach graduate level course is limited to specific course and a specific semester, and must be renewal for each course and semester. Teaching associates may not serve on thesis, dissertation, or exam committees.

Course # and Title: _____

Semester: _____

Authorized Department or Graduate Unit Signature _____

Date _____

Authorized College Signature _____

Date _____

(For OGS Use)

Verification of Advanced to Candidacy: Yes No DATE: _____

Assistantship Approved: Yes No DATE: _____

Approved____ Denied____ Dean of Graduate Studies: _____ Date _____