Use this form ONLY for first year TAs in the second semester......

Return to Gail Burda in the Dean of the Faculty Office after acquiring signed approval from the Dean of the College

REQUEST FOR APPOINTMENT OF
SECOND SEMESTER FIRST YEAR
STUDENT TEACHING ASSISTANTS

This form is to be completed by the department or program chair.
Note: Student Teaching Assistants are appointed to serve in individual courses for periods of one semester at a time. A “Full” TA is given a stipend of $1540.00 and expected to spend no more than 10 hours per week in the discharge of his/her duties. “Half” TA appointments may be recommended, with the hour commitment and stipend prorated accordingly (i.e., 5 hours at ($770.00). For reasons both of instructional quality and equity in job distribution students are not allowed to undertake TA responsibilities in more than two courses per semester and at no more than 1.0 TA level. First-semester first year students and foreign visiting exchange students are NOT eligible to hold TA positions.

1. I wish to recommend appointment of the following students as Undergraduate TAs. Please list each student’s name, Williams Student ID, class year, and indicate whether you are requesting a Full or Half appointment. (YOUR REQUEST WILL NOT BE PROCESSED WITHOUT ALL OF THE ABOVE INFORMATION.)

2. Course(s) in which they will assist, number of students enrolled in them and the name(s) of the instructor(s).

3. Reason for requesting appointments of TAs and the nature of the responsibilities they will be asked to undertake.
4. If TAs have not previously been used in the course(s) in question, or if the number of TAs now requested is larger than in previous years, state reasons for making this additional request now.

5. If any of the students being nominated are expecting to serve as TAs in other courses, please identify them and the courses involved.

6. If those responsibilities include grading/scoring, indicate its nature and the percentage of the final grade involved.

Date: _______________  Department/Program __________________________

Signed: ____________________________
Dept. Chair

For second semester first year students only; approval of the Dean of the College is REQUIRED

Signed: ____________________________ Date ____________________
Dean of the College