REQUEST FOR APPOINTMENT OF
FIRST YEAR SECOND SEMESTER STUDENT TEACHING ASSISTANT(S)

This form is to be completed by the department or program chair for all first year second semester TA requests

Email to Justine Beringer in the Dean of the Faculty Office *after* acquiring signed approval from the *Dean of the College* via Cyndi Haley.

Note: Student Teaching Assistants are appointed to serve in individual courses for periods of one semester at a time. Current TA stipends are found on the TA Guidelines page of the Dean of the Faculty website. Full time TAs are expected to spend no more than 10 hours per week in the discharge of his/her duties. Half time TA appointments may be recommended, with the hour commitment and stipend prorated accordingly (i.e., 5 hours at half the full time rate of pay). 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 year first-semester students and foreign visiting exchange students are NOT eligible to hold TA positions.**

Please list each student's **name, Williams student ID number,class year**, and whether you are requesting a **full time or half time appointment**.

YOUR REQUEST CANNOT BE PROCESSED WITHOUT ALL OF THIS INFORMATION.

1. I wish to recommend appointment of the following student(s) as an undergraduate TA(s).

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: _____
Department Chair

This request is for first year second semester students only; approval of the *Dean of the College* is REQUIRED.

Signed: _____ Date _____
Dean of the College