Fax: (765) 658 4757



COMM 292 Teaching Assistant Registration Form

Student's Name	Email
Professor's Name	Email
Course to Assist:	
Semester for TA: Credit	(.25 or .5):
In the space provided below, please explain the ger	neral purpose behind your serving as a teaching assistant for this course:
For your time as an assistant, please explain the fol I. Student Learning Goals: (what is your goal	
II. Action: (list types of activities and target de	eadlines such as readings, reports/papers, projects)
III. Professor Expectations: (include such items assistance)	as: grading criteria, frequency of contact, quality and quantity of
Student Signature:Faculty Signature:	
Department Chair Initials:	
(Department Use Only) Projects in Communication	a Course Letter: COMM 292
(Department Osc Onty) Hojects in Communication	1 Course Letter. Convint 2/2