Undergraduate Teaching Assistant Registration Checklist

Please submit this completed form with the required documents to the Psychology main office (SO 4030) or email to Nicole Serpico at nserpico@kennesaw.edu. Requests for approval to register will be made within 5 business days. Please note: After overrides are entered ***students will need to register for the course***.

<table>
<thead>
<tr>
<th>Please mark a check in the corresponding box</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed application with student signature attached</td>
<td></td>
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<tr>
<td>Syllabus attached</td>
<td></td>
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<tr>
<td>Student meets GPA requirement</td>
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<tr>
<td>Signed confidentiality agreement attached</td>
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<tr>
<td>Copy of students Degree Works worksheet</td>
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<tr>
<td>Writing Sample (if requested by faculty member)</td>
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Name _______________________________        KSU # ______________________

NetID ___________________________        Phone _______________________

Faculty Mentor who will supervise your experience: _______________________

_____________________________________________________________________

Have you spoken to your faculty mentor regarding an assistantship? Yes        No

Course ___________________________        Credit Hours (1-3) ________

Semester ___________________________        Year ______________________

*documents will be kept on file in SO 4030.

7/12/2016
All applicants for an undergraduate teaching assistantship must be Psychology majors with a minimum GPA of 3.0 and a minimum Psychology GPA of 3.0. Students should only apply to TA in courses that they have already completed. Other qualifications are dependent on the particular assistantship and faculty member's needs.

Only complete applications will be considered. Be sure to fill in ALL required information.

Name: ____________________________________________
Major: __________________________ Minor: __________________________
Current Overall GPA: __________________ Psychology GPA: __________________
I am currently a (check one): _____ Freshman _____ Sophomore _____ Junior _____ Senior
Expected graduation date: __________________________
School E-mail: __________________________________________

*Attach a print out of your Degree Works worksheet to this application*

Please indicate the course name(s), section number(s), semester(s) for which you are interested in assisting.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Section</th>
<th>Semester</th>
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</table>

Please provide your expected course schedule for the semester for which you are applying to be a teaching assistant:

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Days</th>
<th>Times</th>
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During the semester for which you are applying to be a UTA, do you expect to be:
( ) Working full-time ( ) Working part-time ( ) Not working

If you expect to be working, how many hours per week do you expect to work? ____________
Other outside commitments and associated time constraints: ________________________________
________________________________________________________________________________
________________________________________________________________________________
Do you speak any languages other than English? Yes     No
If yes, which language(s)? __________________________________________________________
Contact (in case of emergency)
Name: ____________________________________________________________
Relationship: ____________________________
Daytime Phone #: __________________________ Evening Phone#: __________________________
Cell Phone #: __________________________

Faculty References:

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<th>Name</th>
<th>Phone Number</th>
<th>Association</th>
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What other skills or related experience could you bring to the assistantship? ________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Why do you want to be a UTA? ________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Return your completed application and signed Confidentiality Agreement to: KSU, Department of Psychology
SO Room 4030

I certify that the above information is correct and complete to the best of my knowledge. By submitting this application I am giving permission for all information to be validated and checked and hold harmless those reviewing and validating the application. I also understand that the information submitted as part of this application may be compiled and used for research purposes and program evaluation in the future. I may also be asked to answer additional questions about my experience as a teaching assistant. By submitting this application I consent to this use. I also give consent to access my academic records

_________________________________  ______________________
Signature                                 Date
Acknowledgment of Professional Confidentiality and Responsibility

This statement is to be signed by any person having access to student records.

Statement: As an undergraduate teaching assistant at Kennesaw State University, I am aware that the student records are confidential and that I must keep them confidential. This statement is not intended to interfere with the normal operation of my duties as an undergraduate teaching assistant at Kennesaw State University.

Student records are maintained under the protection of the Family Educational Rights and Privacy Act of 1974, as amended. Although I will not have access to records beyond the course(s) specifically associated with my assistantship, it is important to note that all student data is protected, in particular, the current schedule of classes, hours enrolled, grade point averages, and specific grades in classes.

By my signature, I acknowledge that I am aware of the above named regulation.

Assistant’s Name - (Please Print) Last, First, and Middle

_________________________________________________________________________
Assistant’s Name - Signature                        Date

_________________________________________________________________________
KSU ID#                                           Birthdate

_________________________________________________________________________
Faculty Supervisor’s Name                        Department on Campus

_________________________________________________________________________
Supervising Faculty Member’s Signature, which implies approval   Date

_________________________________________________________________________
Chair’s Signature, which implies approval           Date