



DEPARTMENT OF PSYCHOLOGY

VOLUNTEER TA AGREEMENT

Instructions:

Prior to engaging in any teaching assistant activities, volunteer teaching assistants and their faculty supervisor must complete this form and submit it to the Department Chair.

Student & Course Information:

Name: _____

Phone Number: _____

Course to TA for: _____

Approximate Hours per Week: _____

Description of Volunteer's Activities/Responsibilities:

Date Submitted: _____

KSU ID#: _____

KSU NetID: _____

KSU Instructor: _____

Agreement/Approval Signatures:

Student: _____

Date: _____

Supervisor: _____

Date: _____

FOR DEPARTMENT OFFICE USE ONLY

Date Received: _____

Approved? _____ Yes _____ No

Departmental 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.

Volunteer's Name (Please Print)

Volunteer's Signature

Date

KSU ID#

Faculty Supervisor Name (Please Print)

Faculty Supervisor Signature

Date

Department Chair Signature

Date