Undergraduate Teaching Assistant Duties Agreement Form
To be completed by the Faculty Supervisor and reviewed with the UTA

Department of ___________________________ Fall/Spring 20___
Course#: ______ Course Title: ___________________________
Instructor Name: _______________________ UTA Name: _______________________
Location: _______________ Day/Time: __________________________

NOTE TO FACULTY SUPERVISOR: Check required duties and fill in information below as it pertains to the TA assigned to this course. Meet with the TA at the beginning of the appointment to review these duties and discuss your performance expectations in relation to them.

☐ Attend all lectures
☐ Hold ________ office hours weekly (provide range of hours)
☐ Hold _________ hours of formal help sessions per week
☐ Attend weekly or as scheduled meetings with faculty supervisor or laboratory coordinator
☐ Supervise students in the assigned laboratory section ______ hours per week
☐ Make copies or prepare printing orders of coursework
☐ Grade quizzes and/or examinations (indicate either hours or number of quizzes/exams):
  _____ hours average per week OR _____ tests per course section during the semester
☐ Grade homework and/or lab assignments (indicate either hours or number of homeworks/labs):
  _____ hours average per week OR _____ assignments per course section during the semester
☐ Enter _______ exam/paper/assignment grades on a spreadsheet per student.
☐ Proctor ______ examinations.
☐ Arrange/attend ______ lab/field trip sessions (circle and provide details)
☐ Keep records of students in TA's office hours and help section(s) (e.g., attendance)
☐ Perform other tasks as specified (please list below or attach separate piece of paper)
☐ Work will be conducted for a total stipend of $____________
☐ Work will be conducted for _______ course credits

These job duties/expectations have been reviewed and discussed with the TA assigned to this course at the beginning of the appointment.

____________________________________________
Instructor Signature/Date  TA Signature/Date

____________________________________________
Department Chair Signature/Date  Dean Signature/Date

The student and faculty should each retain a signed copy of this agreement. A third copy should be sent to the Department Chair for Department records.

Last modified: 4/5/16