



Human Development & Family Sciences™

HDFS TA Contract

Graduate Student Name: _____

Student's Advisor: _____

Faculty Name: _____

Semester: _____

Total Hours of Assistantship (per week): _____

Dates of Employment (as reflected on assistantship letter): _____

Applies to TA position:

Duties to be performed: _____

Regular weekly meetings will occur (day and time): _____

Graduate Student Signature:

Date:

Faculty Signature:

Date:

TA will need to meet with the faculty they are assigned to work with to discuss the activities for the semester and fill out this contract. TA will need to complete this TA contract no later than the **5th class day of the semester**. Please email a signed copy to the Graduate Program Director and Graduate Coordinator once the contract is filled out. If the contract is revised during the semester, please submit the signed revision to the Graduate Program Director and Graduate Coordinator.

A TA may not engage in any activities other than those related to TA responsibilities. Any violations of University policy may result in termination of the TA appointment.