

Research Assistant Agreement

Student's Name

ASU Email Address

Student Banner ID

Supervising Faculty

Course

Previous Credit for Research Assistance
(maximum allowable - 6 s.h.)

Number Credit Hours for

Year

Semester :

Specific duties of the assistant:

Evaluation of the assistant will be based
on:

Required Signatures:

Student: _____

Date: _____

Professor: _____

Date: _____

Dept Chair/Assistant Chair: _____

Date: _____

CAS Advising Dept: _____

Date: _____