

# 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: \_\_\_\_\_