



DEPARTMENT OF PSYCHOLOGY

UTA APPLICATION

Instructions:

Please submit this application with the required attachments to the Psychology Department office (SO 4030) by the appropriate deadline. Review of UTA applications generally takes 5 business days. Upon approval, you will be notified via KSU email with registration instructions.

Deadlines	Spring 2018	Summer 2018	Fall 2018
	Dec 1, 2017	April 30, 2018	July 18, 2018

UTA Requirements:

- psychology major
- apply to UTA only in courses you have successfully completed
- complete PSYC 2300 with "C" or better
- institutional GPA \geq 3.0
- PSYC GPA \geq 3.0
- instructor and department chair approval
- maximum of 3 hours of directed study in a semester
- maximum of 6 hours of PSYC 4400 used towards the upper division major requirements
- maximum of 9 hours of PSYC 4400 used towards degree requirements overall

Attachments to Include:

- UTA syllabus with all KSU required syllabus elements
- confidentiality and responsibility agreement

Student & Course Information:

Name: _____

Phone Number: _____

Institutional GPA: _____ PSYC GPA: _____

KSU Instructor: _____

Course to TA for: _____

Date Submitted: _____

KSU ID#: _____

KSU NetID: _____

Major: _____

Prior PSYC 4400 Hours Earned: _____

Credit Hours Requested: _____

Provide your expected course schedule for the semester for which you are applying to be a UTA:

Course #	Days	Times

During the semester for which you are applying to be a UTA, do you expect to be:

_____ Working full-time _____ Working part-time _____ Not working

If you expect to be working, how many hours per week do you expect to work? _____

Describe any additional outside commitments and associated time constraints:

What skills or related experience do you bring to the UTA experience?

Explain you want to be a UTA.

Agreement/Approval Signatures:

Student: _____ Date: _____

Instructor: _____ Date: _____

FOR DEPARTMENT OFFICE USE ONLY

Date Received: _____ Approved? _____ Yes _____ No

Departmental Signature: _____ Date: _____

Date Student Notified: _____

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.

Applicant Name (Please Print)

Applicant Signature

Date

KSU ID#

Faculty Supervisor Name (Please Print)

Faculty Supervisor Signature

Date

Department Chair Signature

Date