Upon recommendation of the department chair, a student may serve as an instructional assistant in his or her major department. Approvals of the academic advisor, instructor, and major department chair are required before submitting this form to the Office of the Registrar.

Please print

Student Name: ________________________________ Student ID: __________________________

Year Entered Taylor or Updated Catalog Year: 20___ - 20___ Anticipated Graduation: JAN MAY SUM DEC 20___

Major(s): ________________________________ Degree: AA BA BS BM

Concentration(s) [if applicable] __________________________________________________________

Cumulative Earned Credit Hours: ____________ Cumulative GPA: ____________ Major GPA: ____________

* Minimum 61 hours * Minimum 2.60 GPA * Minimum 3.00 GPA

By signing and submitting this form, I fully understand and agree that:

- I have met all * prerequisites.
- I will be registered for IAS 499 for the specified semester.
- I will be charged an additional one-hour fee if this course causes my registration to exceed 17 credit hours for the term or under 12 credit hours.
- I will perform all duties as described herein.
- I have signed and agree to abide by the Student Confidentiality Agreement form.

Student Signature ___________________________________ Date _______________________

<table>
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<tr>
<th>IAS 499 Enrollment Term</th>
<th>CRN</th>
<th>Course ID</th>
<th>Credit Hours</th>
<th>Title</th>
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<td>☐ Fall _______ ☐ Spring _______</td>
<td>______</td>
<td>______</td>
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Description of Duties

Attach additional comments as necessary.

Approval Signatures

Attach additional comments as necessary.

<table>
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<tr>
<th>Academic Advisor</th>
<th>Date</th>
<th>Instructor</th>
<th>Date</th>
<th>Major Department Chair</th>
<th>Date</th>
<th>Registrar</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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Dean

☐ Approved ☐ Denied

Comments:
As a student worker of Taylor University, including work study, teacher assistant, staff, and volunteer, you must understand and adhere to this confidentiality agreement. Representing Taylor University as a school official, you may only access and view information for which your duties cause you to have a legitimate educational interest.

Federal regulations, including the Family Educational Rights and Privacy Act (FERPA) of 1974, provide legal rights to college students and legal responsibilities to college representatives, including you. As a student worker, FERPA provides you with access to a limited amount of student data that is required to perform your job duties. Even though additional data may be available to you, you are not authorized to view any student data beyond what is necessary to perform your duties.

I understand that my responsibilities as a student worker may provide me access to view all information pertaining to students in a Blackboard course section, Banner database, or other means. I agree not to access any confidential student data for current or previous students which are not required for the performance of my duties.

I understand that my responsibilities as a student worker may require me to access confidential student records of current and previous students to perform my assigned duties. While I am authorized to view this data, I understand that I may not release any of the data to anyone beyond what is approved for my assignments. Releasing any confidential information beyond either my work department or other school officials with a legitimate educational interest is in violation of FERPA. I agree that I will only utilize the data for the specified assignment and will not share confidential data with anyone beyond the scope of my assignment.

Reviewing any student data, including grades, transcripts, course schedule, disciplinary notes, or any other protected documentation, not required by your duties or discussing any confidential student data with someone beyond what is required by your job assignments is unacceptable and grounds for disciplinary action including, but not limited to, loss of employment or suspension from the University.

I understand the confidentiality agreement and agree to abide by the restrictions contained herein and to seek guidance from my supervisor, Human Resources, or the University Registrar should any question arise regarding the handling of confidential student data during or beyond the performance of my duties.

I have read and agree to the above statements and will abide by them during and beyond my time as a student worker at Taylor University.

Student Signature _______________________________ Student ID ___________ Date ______________

Supervisor Signature ____________________________ Department ______________ Date ______________

Please retain form in your departmental office secure files.

Taylor University
236 West Reade Avenue
Upland, IN 46989

Registrar’s Office updated 10/15/2014