

Faculty Request For Student Reader

School of Social Sciences - University of California ullet Irvine

5137 Social Science Plaza A Irvine, CA 92697-5100 Phone: (949) 824-1426 • Fax (949) 824-5037

Questions can be directed to Kristen Harris, Academic Coordinator in the Associate Dean's Office in Social Sciences by email at kaharris@uci.edu. Student reader(s) will be notified of approved hours through email.

Note: Readers are only allowed to work 8 hrs/day - 20 hrs a week. If additional hours are needed, prior approval from the Associate Dean is required. Please make sure you use your hours within the approved quarter.

DEFINITION OF A READER: The title **Reader** is given to a student employed as a "course assistant." Duties normally include grading student papers and exams. The Reader cannot be given the responsibilities customarily assigned to a graduate Teaching Assistant. Readers may be graduate

Reader(s) requested for -	- Please check all that apply	: Fall Winter Spring	Year:	
Department:		Title:	_	
Course#:	Estimated Enrollment:			
	DESCRI	PTION OF RESPONSIBILITI	ES	
# of Exams	Types of Exams		Required	? Est. # o
Quizzes:	Essay	Course/Administrative S	Support Y/N	Hours Week
Midterm:	Scantron	E-mail/Correspondence w/Students		
Final: O Yes O No	Short Answer	Library Services		
Homework Assignment	Problems	Audio/Visual Equipment (reserve, deli	iveryset-up, operate)	
Daily:	Research Papers	Photocopying		
_	How Many:	Photocopying Office Hours		
Weekly:Other:	How Many:Pages:		nt(s) complete the application or	line.
Weekly: Other: Proposed Reader(s): A see Name:	How Many:Pages:	Office Hours Lecture Attendance or each student is required. Please have your studer Name:	nt(s) complete the application or	line.
Name:Email:	How Many: Pages: eparate Reader application for	Office Hours Lecture Attendance or each student is required. Please have your studer Name: Email:	nt(s) complete the application or	line.
Weekly: Other: Proposed Reader(s): A see Name: Email:	How Many: Pages: eparate Reader application for	Office Hours Lecture Attendance or each student is required. Please have your studer Name: Email:	nt(s) complete the application or Date:	line.
Weekly: Other: Proposed Reader(s): A see Name: Email: Instructor:	How Many: Pages: eparate Reader application for	Office Hours Lecture Attendance or each student is required. Please have your studer Name: Email:		line.
Weekly: Other: Proposed Reader(s): A see Name: Email: Instructor:	How Many: Pages: parate Reader application for	Office Hours Lecture Attendance or each student is required. Please have your studer Name: Email:		line.
Weekly: Other: Proposed Reader(s): A see Name: Email: Instructor: Type	How Many:	Office Hours Lecture Attendance or each student is required. Please have your studer Name: Email: Email:		
Weekly: Other: Proposed Reader(s): A see Name: Email: Instructor: Type	How Many: Pages: Pages: Pages are Reader application for the search of the search o	Office Hours Lecture Attendance or each student is required. Please have your studer Name: Email: OR OFFICE USE ONLY	Date:	