



REQUEST FOR MARKING ASSISTANCE

Please submit an application for each course for which you are making a request.
Please note that requests must be made by September 30 to be assured of consideration.

Faculty Member requesting marking assistance: _____

Course Name: _____ Number: _____

Number of students registered: _____

Number of hours requested: Fall Term: _____

Spring Term: _____

TOTAL: _____

Requested T.A. or Marker's Name: _____
(Please Print)

T.A or Markers highest degree: _____

Address: _____

Signature of Faculty Member: _____

Signature of School Chair: _____

Maximum number of hours approved: _____

Signature of Vice-Principal & Academic Dean: _____

Once approved, submit time sheet to the Vice-Principal & Academic Dean's Executive Assistant.
(Room 125, St. James Building)