



RA Undergraduate Experience (Soc 394 Practicum)

Please complete this form and obtain signatures of approval **BEFORE** registering. Return the form to the School of Sociology, room 400 in the Social Sciences building, or to Steffi McInnes at steffimc@arizona.edu. This form is for department records and is used to assign a grade at the end of the semester.

Semester _____ **Year:** _____

Number of Units (1-6): _____ (Note: The University and Board of Regents have set a standard of 45 hours of course work for each unit of credit awarded)

Name of Graduate Student: _____

Name of Undergraduate Student: _____ **Student ID #** _____

RA Responsibilities:

Educational Component:

SIGNATURES:

Undergraduate Student: _____ **Date:** _____

Instructor: _____ **Date:** _____