Practicum in University Teaching Approval Form

(TO BE COMPLETED BY MENTORING FACULTY MEMBER, WHO SIGNS AT BOTTOM AND SUBMITS TO APPROPRIATE PROGRAM DIRECTOR FOR SIGNATURE. THEN GOES TO DEPT CHAIR.)

INFORMATION								
	Student Name:							
	Faculty Mentor Name:							
Course to be	e Co-taught (prefix, # & title):							
Practicum Semester:					Practicu	m Year:		
	Degree student is seeking:							
CONFIRMATION O	F STUDENT KNOWLEDGE		YES	NO (PLEASE DI	ESCRIBE BELOW A	LTERNATIVE CON	NFIRMATION I	EMPLOYED.)
Is student advanced in program of study, having successfully								
completed courses that inform & relate to course to be co-taught?								
Has student demonstrated high academic achievement, as evidenced								
by cumulative GPA in COE coursework of at least 3.5 and no final								
course mark below B?								
Does student have clear expertise in course to be co-taught, as								
confirmed by (1) attainment of an A in course to co-teach and (2)								
endorsement by one of the following: (a) instructor that taught him/her in that course, (b) faculty member with whom would co-								
teach, or (c) program director?								
	F STUDENT SKILL AND PRACTICE		YES	NO (PLEASE D	ESCRIBE BELOW A	TERMATIVE COM	NEIDMATION I	EMBLOVED)
Is student advanced in his/her programs of study, having had			ILJ	NO (FEEDER)	ESCRIBE BELOW A	LIERNATIVE COI	TIRMATION I	IMPLOTED.)
necessary field experiences to enable him/her to connect course								
content to practice?								
Does student have sufficient experience in field of study of course?								
Has student demonstrated highest standards of ethical practice,								
including never having been found responsible for any form of								
academic or behavioral misconduct under the university conduct								
process?								
CONFIRMATION OF HANDLING CONFLICTS/PRESSURES			YES (PLEASE DESCRIBE	BELOW HOW W	ILL BE HANDLE	D.)	NO
Might there be students in this course who are at the same level as this								
student and/or were admitted around the same time?								
COMMENTS								
ENDORSEMENTS AND APPROVAL				SIGNA	TURE		DATE S	SIGNED
MENTOR	I confirm I will work with this stu	ident to guide him						
FACULTY	or her in learning and applying b	_						
	university teaching.							
PROGRAM	I have reviewed this student and	I endorse this						
DIRECTOR	practicum.							
DEPARTMENT	I have reviewed this form and I a	approve this						
CHAIR	practicum.							