Department of Neuroscience

UNDERGRADUATE
TEACHING EXPERIENCE

Term: ☐ Fall ☐ Spring of 20___

Student Name: _______________________

Email: ____________________________

Course | Grade Option
-------|-----------------|
□ NROSCI 1097 | 1 CREDIT ☐ S/NG or Letter Grade
□ NROSCI 1097 | 2 CREDITS ☐ Letter Grade

Name of Course: _______________________

Faculty Mentor Name: (please print) _______________________

Faculty Member email address: _______________________

Faculty Mentor: What do you expect of the student? Check all that apply

☐ Attend class
☐ Hold weekly office hours
☐ Run weekly recitation
☐ Run review sessions prior to exams
☐ Be available to meet with students one-on-one
☐ Prepare worksheets
☐ Proctor exams
☐ Correct homework
☐ Correct Exams
☐ Maintain course presence on social media (e.g., Facebook)
☐ Attend TA meetings
☐ Copy materials for course
☐ Other ___________________________________________

Required Signatures
I agree to be engaged in my teaching responsibilities, to adhere to the scheduled hours and to seek assistance from my mentor as needed.

Student Signature: _______________________

Date: ________________

I agree to mentor the above student by assigning a project and checking progress throughout the term.

Faculty Mentor Signature: _______________________

Date: ________________

To submit the forms, please refer to CANVAS News and upload your form found in “Links to All Enrollment forms” and upload this document before the drop/add period of each semester before processing.

10/21