School of Management
PRACTICUM IN COLLEGE TEACHING

PLEASE TYPE OR PRINT

Student name: ___________________________ ID number: ___________________________
Last: ___________________ First: ___________ Ml: ___________

Year/Semester: ___________ Major: Accounting: ___________ Management: ___________

Assisting in Course (Title and Number): ___________________________ Instructor: ___________________________

Learning and Training Objectives:

Methods to Achieve the Learning and Training Objectives:

Form(s) of Evaluation:

Student: Grade in Course to be Taught: ___________
Student's Overall GPA: ___________

Faculty Supervisor's Approval: ___________________________ Date: ___________
SOM Advising Office Approval: ___________________________ Date: ___________
Director of Undergraduate Programs: ___________________________ Date: ___________

NOTE: Maximum of 8 credit hours of Independent Study, Internship or College Teaching allowed. Maximum of 1 two-credit practicum allowed towards the degree. Does not fulfill concentration requirements.