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| **Certification in College Teaching - Mentored Teaching Project Approval Document** | | | | | |
| Full Graduate Student Name: | | | | | NETID: |
| Context for Project (e.g., course name) | |  | | | |
| Proposed Semester for Project | |  | | | |
| I am willing to have a link to my ePortfolio shared on the Graduate School website. YES NO (*circle one)* | | | | | |
| **PROJECT OBJECTIVES:** | | | | | |
|  | | | | | |
| **DESCRIPTION OF PROJECT, INCLUDING IMPLEMENTATION, STUDENT OBJECTIVES, TIMELINES, AND YOUR RESPONSIBILITES IN CARRYING OUT THE PROJECT:** | | | | | |
|  | | | | | |
| **MENTOR’S ROLE IN THE PROJECT, INCLUDING PLANNED MEETINGS AND PROJECT ASSESSMENT:** | | | | | |
|  | | | | | |
| **METHODS OF ASSESSMENT:** | | | | | |
|  | | | | | |
| **SIGNATURES FOR APPROVAL** *(#1 and #2 are for pre-project approval; #3 is for post-project approval)* | | | | | |
| 1. *I support the student’s participation in the Certification in College Teaching program, and I certify that she/he/they is/are making good progress towards the degree.* | | | | | |
| Advisor Name |  | | Date: | Signature: | |
| 1. *I approve the proposed Mentored Teaching Project as described above, and will assist in project design, implementation and methodology where needed.* | | | | | |
| Mentored Teaching Project Mentor Name |  | | Date: | Signature: | |
| 1. *The student has satisfactorily completed the Mentored Teaching Project in the Certification in College teaching program as described above.* | | | | | |
| Mentored Teaching Project Mentor Name |  | | Date: | Signature: | |