SUPervised Teaching

ANS 6940

Semester/Year ___________________ Section Number ___________________ Credits ____________

Student Name ______________________ ________________________

(Please print)

UFID # _________________________________ E-mail _________________________________

Student Signature __________________________ Date __________________________

Describe the requirements to be completed by the student and supervised by the faculty member.

Credit Assignment

One credit of Supervised Teaching will be equivalent to one credit of laboratory time and to a minimum of 2 and maximum of 4 hours of involvement in the teaching program per week. The involvement may include contact time during classes, lecture preparation time, laboratory preparation time, grading exercises and exams etc. Students who will only be involved in preparing specimens for labs and grading exercises and exams will earn less credit than those who will be teaching even though similar contact hours may apply in both cases. Specific examples are given below.

ANS 3319C – The lab instruction for this course requires students to attend the first lab of the week to observe and then be responsible for teaching their own 2 hour lab section each week of the semester in addition to assisting with grading. This effort would warrant 2 credit hours of Supervised Teaching.

ANS 3440 – This is a lecture course in which teaching assistants attend 4 lecture periods per week, take attendance, assist with grading and teach one or more lectures under the direction of the professor in charge. This effort would warrant 2 credit hours of supervised teaching.

ANS 3006C – This is a lecture/lab course with multiple lab sections. If a teaching assistant was involved in only the lecture portion which meets 3 times per week, and they assisted with grading exams their efforts would warrant 1 credit hour of supervised teaching. If they served as a teaching assistant for the lab portion of the course as well as the duties mentioned above, they would receive 2 credits.

Supervisor Signature _______________________________ Date _____________

Print Name/Phone Number ______________________________

Return this form to Renee Parks-James, Room 100, Bldg. 459 prior to registration.