List of Teaching Activities

Fall 20__ or Spring 20__

Please fill out form and obtain signatures from faculty/administrator who supervises each activity. Form must be submitted to Graduate Office in a timely manner after completing the teaching activity. Teaching requirement is **a total of 50 hours** and must be met to graduate.

Indicate dates enrolled as a graduate assistant: full semester , or from _____ to _____. The required credit hours are pro rated as 1 hour per week for periods less than a full semester.

_____ _____

Name Program

Date(s)	Teaching Activity	Contact Hours	Credit Hours	Supervisor's Signature

Total Hours _____

I certify that the preceding information is correct.

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Date *Professor Name* *Signature*