

INDIVIDUAL WORK (Supervised Teaching): COM 6940

The purpose of this S/U course is to provide teaching experience for students not on a paid assistantship. THIS FORM, WITH THE PROPOSAL ATTACHED, IS REQUIRED FOR REGISTRATION. PLEASE SUBMIT TO THE GRADUATE DIVISION BEFORE THE REGISTRATION DEADLINE.

EXPECTATIONS FOR STUDENT:	PROPOSALS FOR SUPERVISED TEACHING MUST INCLUDE:
<ul style="list-style-type: none">• Class observation. Does not have to attend every lecture.• Discussion of and tutoring in grading techniques with no actual grading responsibilities.• The student should not be required to spend more than 3 hours per credit per week.• Unlike TAs, this should be more of a learning experience to help the student, not to provide assistance to faculty members.• Student would be allowed to present up to 10% of lectures.	<ul style="list-style-type: none">• the goal of the activity,• the specific duties to be fulfilled,• how often and for how long the student will confer with the instructor,• the method of evaluation,• the name/number of the course

This form authorizes

Print your name

email address

UF ID number

to take: **Supervised Teaching**

Number of credits:

Semester and year of study:

STUDENT: I, the undersigned student, will obtain the required signatures. I will then submit this form and proposal to the Graduate Division for registration.

Signature of Student

Date Signed

SUPERVISOR: Only a full-time faculty member who is the instructor of record for a class can supervise a student taking COM 6940. An exception to this rule is the Freedom Forum Distinguished Visiting Professional.

I, the undersigned supervisor, agree to be fully responsible for this graduate student's study under the general guidelines concerning COM6940 as set forth in the Graduate Division's Master's Handbook, Master's Program Policy. Please refer to the section labeled *NON-CLASSROOM COURSES*, also excerpted above. **I understand that my responsibilities include:**

- I have worked out with the student an explicit description of duties for the course, frequency of meetings and how the work will be graded. **A description of the work to be completed is attached to this authorization form.**
- I will meet with the student regularly to guide the work throughout the semester.
- I will evaluate the work and assign an S/U grade at the end of the semester.

Approval Signature of Supervisor

Date Signed

Please PRINT Supervisor's Name

Supervisor's EMAIL ADDRESS

SUPERVISORY COMMITTEE CHAIR/ADVISER: I, the undersigned chair/adviser, have read this form and the attached proposal. I find the course as described to be consonant with the student's academic program.

Approval Signature of Chair/Adviser

Date Signed

The proposed course meets requirements set out by the Graduate Committee.

Approval Signature of the Associate Dean, Division of Graduate Studies

Date Signed