

SUPERVISED EXPERIENCE IN COLLEGE TEACHING

NAME: _____ DATE: _____

PSU IDENTIFICATION #: _____ SEMESTER STANDING: _____

REQUESTED ENROLLMENT (circle one): FOR 489 SOILS 489 WFS 489

CREDITS (1-3): _____

SEMESTER OF TEACHING: _____

INSTRUCTOR: _____ COURSE: _____

DESCRIPTION OF TEACHING RESPONSIBILITIES:

STUDENT'S SIGNATURE: _____ DATE: _____

INSTRUCTOR'S SIGNATURE: _____ DATE: _____

PLEASE RETURN FORM TO: 113 FOREST RESOURCES BUILDING

OFFICE USE ONLY:

DATE ADDED TO STUDENT'S SCHEDULE: _____

CLASS NUMBER: _____

SECTION: _____

- ASSIGNED INSTRUCTOR
- ASSIGNED WORKLOAD %
- ASSIGNED GRADING BASIS