ELECTRICAL & SYSTEMS ENGINEERING
TEACHING PRACTICUM FORM
(Ph.D. STUDENTS ONLY)

Your Name: ___________________________ Date: ______________

Term/semester: ______________

This TP placement is my (check one)   First ______   Second ______

If you marked second, what semester did you complete your first TP? ______

Name of your academic advisor: __________________________

Course number(s) and title of the course you will be assisting teaching

_____________________________________________________

Name of supervising faculty member __________________________

Student’s Signature: ___________________________ Date __________

Supervising Faculty Signature: ___________________________ Date: __________