

Appendix H – Teaching Assistant Form

COMPLETED FORM TO BE TURNED IN AT THE DEPARTMENT CHAIR'S OFFICE

PED 349 - PHYSICAL EDUCATION PRACTICUM

Part I - To be completed by the student:

Fall 20____ Spring 20_____

Name

ID# C00

Local Address

Local Phone #

E-mail Address

Academic Advisor

Course Number of Related Experience PED

Instructor's Name

Amount of credit to be earned:

- () 3.0 hour per semester; Register for PED 349-603
- () 2.0 hour per semester; Register for PED 349-602
- () 1.0 hour per semester; Register for PED 349-601
- () .5 hour per quarter; Register for PED 349-610 or 620 (*Fall*)
or PED 349-630 or 640 (*Spring*)

Part II - To be completed by the instructor:

The above-named student has requested a practicum in the identified class. I understand that the student must have direct supervision by me and that I will be responsible for the evaluation of the student.

The student will be specifically responsible for the following:

- a.
- b.
- c.

The student will be evaluated as follows:

- a.
- b.

Instructor's signature

Part III – To be completed by Department Secretary:

Date registration confirmed _____ by _____ Requires follow-up? Y/N

THE SUBMISSION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION. **YOU MUST ALSO REGISTER FOR PED 349.**