Satisfactory completion of CHEM 384 requires a report written by the student regarding the teaching experience. A hard copy of the report must be submitted to the faculty member, AND to Carlos Olivio-Delgado in Chemistry room A105, by the last day of classes for the semester.

Must a notebook be turned in?  ☐ Yes  Including a record of the students’ grades and the format used for grading.

Brief Description of the Project  Instruct undergraduate students in the experimental techniques, applications and safety factors of chemistry laboratory. Frequent, direct student contact is necessary. Attendance at weekly instructional meetings is required. Performance will be evaluated twice a semester. The evaluation will concern the enforcement of safety regulations, ability to convey concepts in a clear manner, fairness in evaluation of students, ability in handling of questions, and general attitude toward students.

CONTRACT FOR FINAL GRADE IN CHEM 384 – SUPERVISED COLLEGE TEACHING

Credit will be given for CHEM 384 – Supervised College Teaching, upon completion of a report written by the student. A copy of the written report must be submitted to the faculty member, AND to Carlos Olive-Delgado in Chemistry room A105, by the last day of classes for the semester. Students whose report, including a record of the students’ grades and the format used for grading, have not been submitted at that time will be given a grade of “I” for the course until the report has been submitted.

NOTE: Students are responsible for their own health insurance coverage. The University administers an optional health insurance plan for students. See the current Colorado State University General Catalog for more information.

It is mutually agreed upon by the student and the faculty member that they understand the above conditions for receiving credit for CHEM 384 – Supervised College Teaching.

Student Signature ___________________________ Date __________________

Faculty Member Signature ___________________________ Date __________________

Department Chair Signature ___________________________ Date __________________

Department (ALL) Approval granted by: ___________________________

Date: ___________________________

Revised 10/2/17 clu