

WOMS GRADUATE TEACHING AWARD
Faculty-Student Agreement

Student name: _____ Date: _____

College: _____ Department: _____

Current year: _____

Address: _____ Phone: _____

Faculty mentor: _____ Department: _____

Campus address: _____ Phone: _____ Email: _____

Course(s) to be shadowed by student:

Brief description of tasks to be performed by student:

Brief description of time commitment and expected distribution of hours:

Faculty signature: _____ Date: _____

Student signature: _____ Date: _____