

WOMS Graduate Teaching Award

Faculty-Student Application Form

Student Information

Name: _____

UD ID: _____ Current GPA: _____

Department: _____ Year in Program: _____

Teaching Experience, if any: _____

Faculty Sponsor Information

Name: _____

Department: _____ Rank: _____

Campus Address: _____

Email: _____

Phone: _____ Fax: _____

Brief description of course(s) the student is expected to shadow:

Tasks you anticipate assigning this student (be as specific as possible):

Time commitment needed and expected distribution of hours across the term:

Other information about the course:

Faculty Sponsor Signature:

Date:

Student Signature:

Date: