

School of Graduate Studies
Part-Time Employment of Graduate Students
Recommendation Form

Name of Student: _____ Degree Program: _____ GAU: _____

Course/Laboratory to instruct: _____ Term: _____

1. Graduate Student

Did you request and/or agree to perform the part-time instruction duties as indicated above:

Yes: _____ No: _____

Please comment briefly on your previous teaching experience:

How will you benefit from the part-time instruction duties as indicated above?

I understand that the part-time employment may not be used as a reason for requesting an extension of degree program time limits, and that I am not eligible for a GTA (Graduate Teaching Assistantship) during the term of this part-time employment.

Student name: _____ Signature: _____ Date: _____

2. Supervisor and Director of Graduate Studies

The student is registered unconditionally as a Full-time Student: _____ Part-time student: _____

Years in program: _____ Research proposal presented: Yes: _____ No: _____

Comprehensive Exam completed (PhD): Yes: _____ No: _____

Briefly comment on the student's progress in the degree program:

The student is not eligible for a GTA during her/his term of employment and this employment will not interfere with

the timely completion of her/his degree program:

Agree: _____ Disagree: _____

We recommend the student for the part-time instruction duties as outlined above:

Supervisor's Name: _____ Signature: _____ Date: _____

DoGS's Name: _____ Signature: _____ Date: _____

3. Department Chair or Previous Course Instructor

Please comment on the applicant's documented previous teaching experience:

Expected time needed for preparation, lecturing and marking: _____ hrs/week

Which students are registered in this course for credit (cross out those who don't apply)?

Undergraduate Graduate Other (specify): _____

I recommend the student for the part-time teaching duties as outlined above:

Name: _____ Position: _____ Signature: _____ Date: _____

4. For School of Graduate Studies Use Only

APPROVED: _____ NOT APPROVED: _____

COMMENTS:

NAME OF DEAN/ASSOCIATE DEAN, SGS: _____

SIGNATURE: _____

DATE: _____

PT teaching recommendation.wpd