

**Petition to Appoint a Graduate Student as Instructor of Record for Upper Division Undergraduate Courses**

Approval must be obtained from the Graduate Council and Graduate Dean before the appointment of a graduate student to instruct an upper division course. For additional details, please see [name of GC policy]. To avoid delays in approval, the following should be met.

Graduate Student Name \_\_\_\_\_

Name of Program in which will teach \_\_\_\_\_

**Program Contact Information**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Request to serve as an Instructor or Record**

Course Name \_\_\_\_\_

Course Number \_\_\_\_\_

Semester and Year \_\_\_\_\_

**Appointment Criteria**

1. The individual has advanced to candidacy for the Ph.D.  Yes  No
  - a. If no, please provide the anticipate date by which will advance to candidacy \_\_\_\_\_
2. The individual is in good academic standing.  Yes  No
3. The individual is making appropriate progress in his/her degree.  Yes  No
4. The course involves graduate student teaching assistants.  Yes  No  
(A "Yes" response should be a rare exception.)
  - a. If yes, please provide the name of the faculty member who will be supervising the graduate student teaching assistants. \_\_\_\_\_

5. Please briefly describe the individual's preparation to teach this course, including relevant prior teaching experience.

6. Please briefly describe how the teaching assignment will enrich the professional development and growth of the graduate student.

**Signatures**

Unit Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Dissertation Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Group Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Mentor for Course: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Member Supervising Teaching Assistants (as relevant): \_\_\_\_\_ Date: \_\_\_\_\_

**For Senate Only**

Date petition received: \_\_\_\_\_

Graduate Council:                      Approved \_\_    Denied \_\_

Undergraduate Council:              Approved \_\_    Denied \_\_

Graduate Council Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Undergraduate Council Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**For Vice Provost and Graduate Dean**

Date petition received: \_\_\_\_\_

Approved \_\_    Denied \_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_