



Teaching Experience Form

Name of student _____ PID _____

Name of Department Coordinating Course (3 Letter Code) _____

Course Name to Fulfill NSP Teaching Experience Requirement _____

Course Number to Fulfill NSP Teaching Experience Requirement _____

Course Semester _____ Course Year _____

Name of Faculty Supervisor _____

Please List the Student's Responsibilities:

Evaluation of Student's Performance (Student's Strengths and Suggested Areas of Improvement):

Did Student Meet the NSP Teaching Experience Requirement? YES NO

Faculty Supervisor Signature: _____ Date _____