



THE APPRENTICESHIP IN TEACHING PROGRAM

FACULTY VERIFICATION - TEACHING PHILOSOPHY STATEMENT

To the Student: Please fill in the information below and submit this form along with your teaching philosophy statement to the faculty member who agreed to review it. Once the faculty review is complete, please return this signed form to the CNDLS office in Car Barn 314, when you submit your teaching philosophy statement. (If you choose to revise your statement in light of the faculty comments, please submit to CNDLS both the original draft and the revised version.)

Student's Name:
Department:
Expected Graduation:
Date Submitted to CNDLS:

To the Faculty Member: Thank you for your participation in the AT Program and for your review of this teaching philosophy statement. For confirmation that you have reviewed the student's proposed teaching philosophy, please sign below. For our records, we would also appreciate your answer to the question that follows and any comments that you care to add. We of the AT Program sincerely appreciate your time and involvement.

Faculty Reviewer's Name:
Faculty Member's Signature and Date:
CNDLS' Reviewer's Name:

Question:

Would you like to learn more about mentorship opportunities with the AT program?

_____ Yes _____ No

Comments: