PSYCHOLOGY ADVISOR AUTHORIZATION IS REQUIRED TO REGISTER FOR THIS COURSE.

Parts A-C should be completed by the student. The student should then bring the form to the faculty sponsor, who completes D-F. Both the student and supervisor must sign the document in part G.

Once the learning agreement has been signed by the Faculty Member, the student must make two copies of the completed, signed agreement BEFORE coming to the Advising Office: one copy is for the Faculty Member and one is for the student's records. After making copies, the student THEN brings 2 copies and the original to the Psychology Advising Office in 3117 Sennott Square. Only a Psychology Advisor can provide the required permission number that the student will then use to self-enroll for PSY 1970. Permission numbers can be obtained in the Psychology Advising Office during walk-in hours, or by scheduled appointment. Walk-in hours are available on our website: http://www.psychology.pitt.edu/undergraduate, or by calling the Advising Office, 412-624-4540. You will not be able to register for this course, and thereby receive credit for this course, without a permission number from the Psychology Advising Office.

PARTS A-C: To Be Completed by Student

<table>
<thead>
<tr>
<th>Part A: STUDENT INFORMATION (please print clearly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name: ____________________________________</td>
</tr>
<tr>
<td>Peoplesoft ID: ____________________________________</td>
</tr>
<tr>
<td>PITT E-mail Address: _____________________________</td>
</tr>
<tr>
<td>Phone: _________________________________</td>
</tr>
<tr>
<td>Term (i.e. Fall 2006): __________ Number of Credits (1-3)*: _______ (1 credit= 55hrs/2 credits=85 hrs/ 3 credits=120 hrs)</td>
</tr>
<tr>
<td>Title/Number of Course for UTA experience:______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part B: PREQUISITES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY GPA*: ___________(must have 3.5 or higher) Cumulative GPA*: ___________ (must have 3.0 or higher)</td>
</tr>
<tr>
<td>Total # of Psychology Credits (include current term)*: ___________ (must have 12 credits or more)</td>
</tr>
<tr>
<td>Have you previously completed the psychology course chosen for TA experience?(circle one) YES NO* (or have proficiency in subject area of course, subject to faculty approval)</td>
</tr>
</tbody>
</table>

* If you do not meet the above prerequisites, your faculty sponsor must complete a Part D on the second page of this form.

**Students must be registered for PSY 1970 during the semester in which the UTA hours are completed.

<table>
<thead>
<tr>
<th>Part C: ACKNOWLEDGEMENT OF UNIVERSITY POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ This course is offered on an S/N basis only</td>
</tr>
</tbody>
</table>

________________________ (initials) I hereby recognize that my role as an Undergraduate Teaching Assistant binds me to the University policies of Academic Integrity and appropriate Faculty-Student Relationships as outlined in the University’s Undergraduate Bulletin and at http://www.cidde.pitt.edu/ta/ta_handbook/chapter-5.htm
A minimum Psychology GPA of 3.5, an Overall GPA of 3.0, along with having completed 12 credits of psychology (including current term), and previous completion of psychology course chosen for TA experience (or proficiency in subject area of course, subject to faculty supervisor approval). If a student has not met the requirements, faculty supervisors may waive any of these requirements below: *The student has not met the following prerequisite(s) [check all that apply]:

- Psychology GPA
- Overall GPA
- Completed 12 credits of psychology (including current term)

Faculty supervisor signature: ____________________________ Date: ________________

Sign and check off the pre-requisite(s) only if the student has NOT met the above pre-requisites.

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**PARTS D-F: To Be Completed by FACULTY SUPERVISOR**

**Part D: FACULTY SUPERVISOR**

Faculty Sponsor Name: ____________________________ Last First

E-mail Address: ____________________________ Campus Phone Number: ____________________________

Campus Address: ____________________________

Student Responsibilities (the criteria, in part, upon which student will be evaluated):

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

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**Part E: EVALUATION CRITERIA**

Please describe the extent of your supervision of the student’s role, including frequency of meeting and methods of “evaluation”:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

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**Part F: FACULTY SUPERVISION**

Student: By signing below, I agree to 1) fulfill the duties listed above, 2) submit a mid-term and final reflective paper in accordance to the guidelines set forth for PSY 1970, to the Psychology Advising Office by the published semester deadline.

Faculty Supervisor: By signing below, I agree to 1) provide direction/feedback to this student over the course of term, 2) monitor the student’s hours, 3) and submit a grade recommendation to the Psychology Advising Office by the requested end-of-semester deadline.

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**Part G: TO BE SIGNED BY BOTH THE STUDENT AND FACULTY SUPERVISOR**

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**REGISTRATION AUTHORIZATION:**

Psychology Advisor Signature: ____________________________ Date: ____________________________ Class Number: ____________________________ Permission Number: ____________________________