PSY 1970 Undergraduate Teaching Experience Learning Agreement

Students must complete this form with their faculty supervisor before gaining the permission number to register for PSY 1903 credit.

Please read the following directions on how to process this form:
1. Complete this Learning Agreement in collaboration with your faculty supervisor and obtain his or her signature.
2. Make two copies of the completed, signed agreement (one for student's records, one for faculty member, and original for Advising Office).
3. Bring this completed paperwork to Psychology Advising Office in 3113 Sennott Square during walk-in hours (Monday - Thursday 10:00 – 1:00 and Friday 9:00 – 12:00) to obtain a permission number.
4. Enroll in PSY 1970 through your Student Center through the my.pitt.edu portal. You must register for this course in order to receive credit.

Student Information

Student Name: _____   PeopleSoft number: _____

PITT Email: _____   Phone: _____

Term (i.e., Fall 2016): _____   Number of Credits (1-3): _____   (1 credit= 55hrs/2 credits=85 hrs/ 3 credits=120 hrs)

Title/Number of Course for UTA experience: _____

Pre-requisites

PSY GPA: _____   (Must have 3.5 or higher)   Cumulative GPA: _____   (Must have 3.0 or higher)

Total # of Psychology Credits (include current term): _____   (Must have 12 credits or more)

Have you previously completed the psychology course chosen for TA experience, or have proficiency in subject area of course, subject to faculty approval? (Circle one)   YES   NO

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

Acknowledgement of University Policy

This course is offered on an S/N basis only.

_____ (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.bulletins.pitt.edu/undergrad.

Faculty Supervisor

Faculty Sponsor Name: _____

            Last   *First*

E-mail Address: _____   Campus Phone Number: _____

Campus Address: _____

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)

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

Faculty Supervisor Signature: _____   Date: _____

Evaluation Criteria

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

_____
_____
_____
_____
_____
_____
_____
_____

Faculty Supervision

Faculty Supervisor: Please describe the extent of your supervision of the student's role, including frequency of meeting and methods of "evaluation":

_____
_____
_____
_____
_____
_____
_____
_____

Student and Faculty Signatures

Student: (Please initial each item and sign below.) My signature indicates that I agree to:

_____ Fulfill the hours and duties listed above,

_____ Submit a mid-term and end-of-term reflective paper to CourseWeb by the published semester deadlines

_____
Student Signature

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, and **3)** submit a grade recommendation to the Psychology Advising Office by the requested end-of-semester deadline.

_____
Faculty Supervisor Signature

Registration Authorization (Advising Office use only):

_____ _____   _____   _____
Psychology Advisor Signature   Date   Class Number   Permission Number