

College of Agriculture and Life Sciences

Graduate Teaching Scholar Program

GTS Nominee:

| | | | |
|--|-----------------------|--------------------------------------|-------------------|
| _____ First name | _____ Last name | _____ Last 4 digits of Stu ID | |
| _____ E-mail address | _____ Phone number | _____ Anticipated graduation date | |
| _____ Academic Advisor | _____ Department | | |
| _____ Address | _____ City | _____ State | _____ Zip Code |
| _____ Course to be taught for GTS Program | | | |

Student

I have read the GTS materials and understand my obligation to the program. The group will meet on Tuesdays at 9:30 a.m. during the first year of the program and Tuesdays or Thursdays at 9:30 a.m. during the second and third years in the program. I am expected to attend classes, as well as additional meeting sessions as scheduled.

| | |
|--------------------|---------------|
| _____ Signature | _____ Date |
|--------------------|---------------|

Academic Advisor

I have read the GTS materials and agree to be an active participant in the GTS program.

| | |
|--------------------|---------------|
| _____ Signature | _____ Date |
|--------------------|---------------|

Mentor

I have read the GTS materials and agree to be an active participant in the GTS program.

| | | |
|--------------------|------------------|---------------|
| _____ Signature | _____ (print) | _____ Date |
|--------------------|------------------|---------------|

Department Head

I understand the financial obligations [50% of the stipend (level 17), \$500 for professional conference travel, membership in a teaching journal] of the department for the GTS program.

| | | |
|--------------------|------------------|---------------|
| _____ Signature | _____ (print) | _____ Date |
|--------------------|------------------|---------------|