

COLORADO STATE UNIVERSITY
SCHOOL OF EDUCATION

ENROLLMENT FORM
SUPERVISED COLLEGE TEACHING

GRADUATE ASSISTANTS AND FACULTY MEMBERS ARE NOT ELIGIBLE TO APPLY FOR THIS CREDIT IF THE COURSE IS PART OF THEIR TEACHING LOAD.

I request permission to enroll in _____ ED 684 or _____ VE 684 during _____ semester/year

for _____ credits.

My supervisor will be _____
(Person who will assign grade)

_____ Paid (not as part of faculty or Graduate Assistant Load) _____ Unpaid

_____ Course/section number

My responsibilities will be: (Be specific – Include in-class activities, personal objectives, etc.)

Student's Name – Printed

CSU ID #

Student's Signature

Degree Adviser's Signature

Signature – Course Instructor
(Person who will assign grade)

Signature – Director of Graduate Programs
School of Education

Student's Email address

Date

Submit completed form to Room 209, Education Building