

TEACHING PRACTICUM REGISTRATION FORM


PLEASE PRINT

Mills ID: _____ Term: _____ Date: _____

Student's Name: _____
Last First Middle

As defined in the Catalog:

“These courses, numbered 177, cover a variety of directed and supervised experiences in classroom teaching. They are restricted to students of appropriate background and proven ability, as determined by the faculty supervisor, and require approval of the head of the department in which they are undertaken. They may be graded pass/no-pass only. Students enrolled in teaching practica are not permitted course overloads.”

	_____	<u>177</u>	_____
CRN (Records Office will assign)	Department	Course #	Title of Teaching Practicum Course

Student's signature: _____

Faculty Supervisor: _____
Please Print Name Signature

Department Head signature: _____
Please Print Name Signature