



MSU Certification in College Teaching

Full Name:		PID:	
E-Mail:		Degree Program:	
Expected Graduation Date:		Teaching course completed or proposed:	

CAREER GOALS:

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PREVIOUS TEACHING EXPERIENCE:

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DESCRIBE ANY TA TRAINING PROGRAMS IN WHICH YOU HAVE PARTICIPATED:

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TO BE SIGNED BY THE RESEARCH ADVISOR

I support the student's participation in the Certification in College Teaching program, and I certify that s/he is making good progress towards the degree.

Research Advisor Name (print):		Date:	Signature:
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COLLEGE APPROVAL

Graduate Associate Dean / College CCT Representative (print):		Date:	Signature:
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APPLICANT:

- Attach a brief (1-2 page) statement of interest in the program. Please include the following in your statement: (1) your professional goals and how the Certification will complement those goals; (2) your proposed timeline for completing the program; and (3) your possible mentored teaching project or ideas for developing one.
- Return the completed application to your College's Certification in College Teaching Coordinator