

OEL SMALL GRANT APPLICATION
for Undergraduate Teaching Experience

Part I

Please print all information clearly.

Student's name _____ ID# _____

Major _____ Total credits earned (to date) _____ QPA _____

No. of credits in present term _____

Local address _____ City _____ State _____ Zip _____

Local phone _____ Email _____

List any other A&S grant/fellowship you have received in this academic year: _____

Class to be supported (please include department, course name and number):

Term and year _____

Instructor _____

Campus address _____ Phone _____

Total no. of hours the student is expected to work per week: _____ hours per week for (no. of) _____ weeks.

Stipend requested: _____

Faculty signature: _____

OEL Small Grant for Teaching Application Part II

Please provide a description of the student's activities for which the OEL Small Grant for Undergraduate Teaching Experience is being requested:

Is the student required to attend regular class sessions for the class being supported: Yes___ No___
If yes, _____ no. hours per week

How many hours per week is the student expected to spend in preparation for teaching-related activity:
_____ no. hours per week

Amount of time to be spent each week in the specific teaching-related activity: _____ no. hours per week

Student: Please sign below to indicate that in addition to the responsibilities listed above, you accept this assignment and agree to the following:

Submit a summary report upon completion of the project to the OEL,
Maintain professional conduct related to class standards, student complaints, and confidentiality of grades and student information,
Model appropriate professional attitudes and behaviors toward students, faculty, staff, and others,
Notify instructor or students in advance if you cannot attend a class or other assigned activity and
Review all materials or worksheets with the instructor prior to distribution within a study group or class.

Student signature: _____ Date: _____

Faculty/Instructor: Sign below to indicate your endorsement of this student for the undergraduate teaching assignment.

Faculty signature _____ Date: _____

Return signed form to: Peggy Heely, Office of Experiential Learning, THAW B-4, Pittsburgh, PA 15260