**Graduate Teaching Certificate Program**

**Experiential Learning Form**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To:** Supervising Instructor/Director

**From:** The Institute for Learning and Teaching

Graduate Teaching Certificate Program

**Re:** Application for Completion of Graduate Teaching Certificate

Thank you for working with Insert Your Name Here, who is currently enrolled in the Institute’s Graduate Teaching Certificates Program. One of the requirements for the certificate is that applicants gain at least 20 hours of hands-on instructional experience, through tutoring, supervised teaching, administrative work, and so on. You can learn more about the Graduate Teaching Certificates Program at <https://tilt.colostate.edu/grad-students/graduate-teaching-coc/>.

Please take a moment to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has fulfilled the 20-hour experiential learning component of the certificate program by completing the attached form.

Thanks. We appreciate your time and effort.

**Graduate Teaching Certificate Program**

**Experiential Learning Form**

By completing this form, you confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has fulfilled the 20-hour experiential learning component of the Institute’s Graduate Teaching Certificates Program. For more information on the program, please visit <https://tilt.colostate.edu/grad-students/graduate-teaching-coc/>.

**Supervising Instructor or Director Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduate Student Under Supervision:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Describe the Student’s Primary Responsibilities:**

**Please Comment Briefly on the Quality of the Student’s Work:**

**Supervising Instructor or Director Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**