



ADDITIONAL TEACHING REQUEST FORM

Students who wish to perform additional teaching must deliver the completed form to the Systems Biology Program Office and receive program approval prior to teaching.

STUDENT NAME: _____ G- YEAR: _____

DISSERTATION ADVISOR (S): _____

PREVIOUS COURSES TAUGHT: _____

PROPOSED COURSE NUMBER AND TITLE: _____

PROPOSED COURSE HEAD: _____

COURSE TERM: SPRING FALL SUMMER YEAR: _____ TF SALARY (TOTAL AMOUNT): _____

JUSTIFICATION FOR ADDITIONAL TEACHING: (PLEASE TYPE)

PLEASE EXPLAIN WHY YOU WISH TO TEACH THIS COURSE. PLEASE DISCUSS HOW THIS ALIGNS WITH YOUR CAREER DEVELOPMENT PLAN, THE EXPECTED TIME COMMITMENT, AND HOW THIS WILL AFFECT YOUR RESEARCH PLAN.

STUDENT SIGNATURE DATE

DISSERTATION ADVISOR SIGNATURE DATE

DAC CHAIR SIGNATURE DATE