

# Interdisciplinary Bioengineering Graduate Program Teaching Practicum

Student Name:	
Home Department:	
Semester of Practicum Experience:	
Course Number:	
Course Name:	
Course Professor:	
Indicate Your Practicum Program	<input type="checkbox"/> ME <input type="checkbox"/> BME <input type="checkbox"/> Custom
<i>Custom Practicum – On an attached piece of paper describe your proposed practicum experience and indicate how it satisfies the Bioengineering Program Teaching Practicum requirement.</i>	

**Approval of Practicum Proposal – STEP 1 – To be completed at the beginning of your teaching practicum semester**

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Course Instructor's Signature

\_\_\_\_\_

Advisor's Signature

**Certification of Practicum Completion – STEP 2 – To be completed at the end of your teaching practicum semester**

\_\_\_\_\_

Course Instructor's Signature & Date

\_\_\_\_\_

Home School Graduate Chair's Signature & Date

\_\_\_\_\_

Chair- BIOE Graduate Program Signature & Date

**Please Submit your completed Teaching Practicum form, with appropriate signatures at the end of the semester you have participated in a Teaching Practicum experience.**

