

Date received: _____

Master's # _____

Received by: _____

Waitlist # _____

Application Form

Indicate the semester for which you are applying. Winter Fall Year: _____

(Please PRINT clearly in block letters.)

Applicant

Name (as it appears on your student ID): _____

Student #: _____ Email: _____

Cell phone: _____

Applicant's Departmental Address

School/Faculty, Department: _____

Room #: _____ Building: _____ Phone: _____

Program

Postdoctoral Doctoral Master's Graduate Diploma

Discipline: _____

Area of specialization: _____

In the semester for which I am applying to the GPT,

- a. I will be in the _____ year of my program of study.
- b. I will be a full-time part-time graduate student.

1. Do you have any teaching experience or teacher training? If yes, please describe. _____

2. Indicate whether the GPT is required or recommended by your academic unit. Required Recommended

3. How did you hear about the GPT? _____

4. What do you hope to learn from this program?

Teaching Mentor

I have read and understand the *GPT Program Description and Completion Requirements* and the *Responsibilities of Teaching Mentors* and am willing to act as a teaching mentor to the above student for _____ (semester, year).

The **undergraduate course** in which this student will participate and teach: _____

Note: If mentoring two GPT participants, their apprenticeship must be completed in different courses/course sections.

Dr. Ms. Mr. Name (please print): _____

School/Faculty, Department: _____

Room #: _____ Building: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Research Supervisor or Faculty Advisor

I have read and understand the *GPT Program Description and Completion Requirements* and approve of the participation of the above student in the program for _____ (semester, year).

Dr. Ms. Mr. Name (please print): _____

School/Faculty, Department: _____

Signature: _____ Date: _____

Department Head or Graduate Officer

I have read and understand the *GPT Program Description and Completion Requirements* and approve of the participation of the above student in the program for _____ (semester, year).

Dr. Ms. Mr. Name (please print): _____

School/Faculty, Department: _____

Signature: _____ Date: _____

Applicant

I have read and understand the *GPT Program Description and Completion Requirements*.

I accept that I must actively participate and comply with the requirements of the program to receive a certificate of completion.

Signature: _____ Date: _____

Return to: Graduate Program in Teaching
Instructional Development Office, DELTS, ED1004, G. A. Hickman Building
Memorial University of Newfoundland
St. John's, NL A1B 3X8

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested in this form is collected under the general authority of the Memorial University Act (RSNL1990CHAPTER-7). It is required for the processing of your GPT application and for administrative purposes of the School of Graduate Studies and the Instructional Development Office, Distance Education and Teaching and Learning Support. If you have any questions about the collection and use of this information, please contact the Instructional Development Office at 709-864-3028 or at instrdev@mun.ca.