



STUDENT NAME _____

PEOPLESOFT ID _____

LOCAL PHONE _____

PITT EMAIL _____

MAJOR _____

PLANNED GRADUATION DATE _____
 August
 December Year _____
 April

WHEN WILL YOU EARN THESE CREDITS?

TERM Fall Year ____
 Spring
 Summer

HOW MANY CREDITS WILL YOU COMPLETE?

5hrs/wk = 1cr = 70 hours/semester

Hours/Week = _____ Number of Credits = ____

FACULTY SPONSOR _____

COURSE (Lecture/Lab) _____

STUDENT RESPONSIBILITIES:

Lecture:	Lab:
<input type="checkbox"/> Attend each lecture session	<input type="checkbox"/> Attend each lab session
<input type="checkbox"/> Attend organizational meetings as scheduled	<input type="checkbox"/> Attend organizational meetings as scheduled
<input type="checkbox"/> Hold office hours	<input type="checkbox"/> Hold office hours
<input type="checkbox"/> Facilitate recitation	<input type="checkbox"/> Set up lab each week
<input type="checkbox"/> Participate in review sessions	<input type="checkbox"/> Participate in pre- and post- equipment inventory
<input type="checkbox"/> Facilitate peer study sessions (Bio-In-the-Dorms)	<input type="checkbox"/> Maintain lab equipment and materials
<input type="checkbox"/> Develop written materials (handouts, exam questions)	<input type="checkbox"/> Develop/test lab protocols
<input type="checkbox"/> Proctor exams	<input type="checkbox"/> Perform notebook checks
<input type="checkbox"/> Write a summary reflection paper	<input type="checkbox"/> Proctor quizzes
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

FACULTY RESPONSIBILITIES:

(Describe how the student will be supervised and evaluated.)

Meeting Frequency: _____

Evaluation methods:

- Observation
- Evaluation of written work
- Other:

For instructions on how to submit the completed form: [Advising How-To-Enroll](#)

Student Signature: _____ Faculty Signature: _____