

**BEMIDJI STATE UNIVERSITY
CENTER FOR PROFESSIONAL DEVELOPMENT**

Undergraduate Teaching Associates Program

As an expression of its commitment to teaching and learning, the Center for Professional Development has developed a program which allows interested and qualified students to experience some of the challenges and rewards of college teaching by working closely with faculty as they prepare and teach their classes.

Program Features-----

1. Qualified juniors and seniors who have been identified through faculty nominations serve as teaching associates in selected undergraduate courses under the tutelage of interested instructors.
2. Participating faculty and students meet several times during the semester at UTAP luncheons as part of an informal seminar on college teaching to be conducted by the Center for Professional Development.
3. While no stipend is provided to participating students, the university will provide appropriate recognition to those involved. Some (non M&E) resources may be available to fund travel to relevant conferences or other professional development opportunities. Student participation will be recorded on the official Student Development Transcript, if requested.
4. The intention is not for students to be involved in grading papers or in clerical work, but rather to assist in planning and at times in helping to teach classes under faculty supervision.
5. A teaching assistant may not be concurrently enrolled in the course they are helping to teach.
6. The student enrolls in a 1-2 credit course in the appropriate department as under directed independent study course number 4910 (5910 for graduate credit) as Teaching Associate Program. (You may use the attached Arranged Course Form.) This course may be repeated, and will be graded S or U.

Principles and Obligations-----

Faculty

Faculty will not expect students to devote more than six hours per week to their responsibilities in this program, including time actually spent in the undergraduate class to which they have been assigned.

Faculty will provide informal instruction and assistance to the teaching associate in accordance with the purpose of the program.

Faculty will not expect the teaching associate to “cover” classes in the instructor’s absence, or to evaluate or grade student work.

Faculty will not expect the teaching associate to perform essential clerical tasks such as recording grades.

Faculty will make a serious commitment to attend the UTAP Luncheons on college teaching offered as part of this program. Faculty will be asked to attend one or two of these sessions.

Students

Students will attend their assigned class regularly and meet according to an arranged schedule with their supervising faculty member.

Students will enroll in a 1-2 credit course in the academic department of their supervising instructor.

Students will attend UTAP luncheons on college teaching offered as part of this program.

Students may be asked to provide periodic reports to the Center for Professional Development explaining the nature of their activities and evaluating the usefulness of the program.



Faculty Name _____

Department _____

Campus Address _____

Telephone _____ E-mail _____

Student Nominated _____

Academic Major _____

Cumulative GPA _____

Preferred E-mail _____

Campus/Local Address _____

In what course will the student named above be serving as a teaching associate?

What responsibilities will the student be given?

Please be sure that the student nominated and the nominating faculty member have read the statement of Principles and Obligations attached. Both the student and faculty member should sign their names below, indicating that they agree to those principles and obligations.

Faculty Signature _____ Date _____

Student Signature _____ Date _____

Records Office

Deputy Hall, Room 101, #12

Bemidji, MN 56601

218/755-2020 Fax: 218/755-4409

records@bemidjistate.edu

Arranged Course Request Form

Obtain the signature of the instructor and department chairperson in that order. If you are arranging a graduate level course, you will need to obtain a signature from the Graduate Office.

PART I
(to be completed by the student)

Name: _____ **SSN or BSU ID:** _____
Last First MI

Date: _____ **E-mail:** _____ **I am a** On-Campus Student
(Mo./Day/Yr.) Center for Extended Learning/Distance Learning

***PART II**
(to be completed by instructor)

Course Subject: _____ **Course Number:** _____ **Course Title:** _____

Year: _____ **Term:** _____ (F = Fall, S = Spring, 1 = Summer)

Instructor Name: _____ **Instructor ID:** _____

Credit Hours: _____

If this is for a **teacher associate (TA)** course, please list class you will be a TA for: _____
Dept. # Title

PART III
(to be signed by designated persons)

Once required signatures are obtained, this form can be submitted to the Records Office, Deputy Hall 101, #12.

Instructor: _____

Department Chair: _____ **Graduate Studies Office:** _____
(Required for Graduate Level Courses ONLY)

* Please note: The Records Office will register you for the course upon completion of the form. You are responsible for the financial obligations incurred from this registration. Please be aware of payment deadline to avoid your class(es) from being canceled.

FOR OFFICE USE ONLY

Course ID: _____

Date Processed: _____