



## The Apprenticeship in Teaching Program

### FACULTY VERIFICATION - SYLLABUS DESIGN

**To the Student:** Please fill in the information below and submit this form along with your course syllabus to the faculty member who agreed to review it. Once the faculty review is complete, please return this form to the CNDLS office in Car Barn 314 when you submit your syllabus for review. (If you choose to revise your syllabus in light of the faculty comments, please submit to CNDLS both the original draft and the revised version.)

Student's Name:
Department:
Expected Graduation:
Proposed Course Title:
Dates of Submitted to CNDLS:

**To the Faculty Member:** Thank you for your participation in the AT program and for your review of this course syllabus. For confirmation that you have reviewed the student's proposed course syllabus, please sign below. For our records, we would also appreciate your answer to the question that follows and any comments that you care to add. We of the AT program sincerely appreciate your time and involvement.

Faculty Reviewer's Name:
Faculty Reviewer's Signature and Date:
CNDLS Reviewer's Name:

Would you like to learn more about mentorship opportunities with the AT program?

Yes       No

Comments: