

FALL 2020 MENTORED TEACHING FELLOWSHIP PROGRAM APPLICATION
NORTH CAROLINA STATE UNIVERSITY
COLLEGE OF ENGINEERING

Student Name _____

Department _____

Address (include summer address if different from current)

Phone Number _____ **Student ID #:** _____

Campus Box Number _____ **Campus Phone Number** _____

E-Mail Address _____

Faculty Mentor Name _____ **Department** _____

Mentor Campus Box Number _____

Mentor Campus Phone Number _____ **Fax Number** _____

Mentor E-Mail Address _____

Name of Course _____

Anticipated Class Enrollment _____

Have you discussed this mentoring assignment with the Director of Graduate Program for your department? Yes _____ No _____

STUDENT INFORMATION

When did you enter graduate school at NCSU? _____

Cumulative Grade Point Average _____

How many graduate hours have you completed in your major? _____

If an international student, SpeakTest Score _____

STUDENT INFORMATION (Continued)

Have you received a Master's degree? Y N

Have you taken your departmental qualifying examinations? Y N
Outcome: Passed Passed with stipulations Did not pass

Have you taken your written preliminary examination? Y N
Outcome: Passed Passed with stipulations Did not pass

Have you taken your oral preliminary examination? Y N
Outcome: Passed Passed with stipulations Did not pass

Are you admitted to candidacy for your program? Y N

Have you taken your final oral examination? Y N
Outcome: Passed Passed with stipulations Did not pass

Please check the category which best describes your research status:

- In the process of selecting research topic
- Research in progress (early stages)
- Research in progress (later stages)
- Research completed, writing in progress
- Dissertation completed

Target completion Date _____

Do you plan to seek a faculty appointment upon graduation? Y N

Will you be able to attend the workshops held for program participants? Y N

If the selection committee requests your graduate school records, do we have permission to release it to them, assuring confidentiality? Y N

If yes, please Sign below.

Signature _____

TEACHING GOALS AND ACTIVITIES

1. Please attach a one-page summary of your goals and/or philosophy of teaching. Include what you believe you will gain from participation in this mentoring program as well as how you feel you can enhance the student's learning of the material.

2. Please attach a one-page summary of the specific teaching activities in which you will be involved. Include information about meetings between you and your mentor, number of lectures to be taught, responsibility for development of exams and homework, individual tutoring, problem session, etc.

3. Please provide a curriculum vitae/resume for yourself.

Prospective Faculty Mentor

Signature	Date
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Applicant

Signature	Date
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Director of Graduate Programs

Signature	Date
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Department

Please send completed applications to:

Kristen Rivers
College of Engineering
213 Page Hall
Campus Box 7547
kmrivers@ncsu.edu