UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES & RESEARCH

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GTL Graduate Teaching &Learning Program [Completion Form]

Student ID	Student Last Name, First Name	You are a ❍ Graduate Student ❍ Postdoc
Department: Select Department	E-Mail	
Name of Level 2 Teaching Mentor	Name of Department GTL Program Coordinator for Level 2*	

***** The role of the GTL Coordinator role may be filled by a Teaching Mentor, particularly in departments with no GTL Coordinator or where the Coordinators also wish to serve as teaching mentors.

☐ Level 2 GTL – Practicum

Once all four components of the level are completed, the participant may submit this form to FGSR to have a letter of completion issued. Graduate Students will also have a notation added to their transcript.

► Teaching Record Book and Practicum Requirement

I have examined the Teaching Record Book of the above student and certify that the pedagogy and practicum requirements have been satisfied for the Graduate Teaching and Learning Program. This student has completed their Teaching Dossier.

GTL Coordinator Signature (digital or hand-written) _____ Date (MM/DD/YYYY) _____

► Mentorship Reports

This student has obtained feedback from the Teaching Mentor, peers, and students. Student has also included 5 reflections from pedagogy sessions and a self reflection. Student has 2 Teaching Observation reports they have conducted.

GTL Coordinator Signature (digital or hand-written) _____ Date (MM/DD/YYYY) _____

☐ Level 3 - GTL Pedagogy The form will be submitted by the course instructor.

Course Instructor _____ Date (MM/DD/YYYY) _____

☐ Level 4 - GTL Research The form will be submitted by the program administrator.

Program Administrator _____ Date (MM/DD/YYYY) _____

Student Declaration

I certify that the particulars required by the Graduate Teaching and Learning Program, and any materials submitted in support of these particulars, are true and complete in all respects. I understand that misrepresentation or falsification of documents is a serious offence under the Code of Student Behavior.

Student Signature (digital or hand-written) _____ Date (MM/DD/YYYY) _____

Personal information on this form is collected under the authority of Section 33(c) of Alberta's ***Freedom of Information and Protection of Privacy Act*** for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see http://www.ipo.ualberta.ca/

Faculty of Graduate Studies & Research use only:

Signature & Date