

**College of Music**

**Application for Approval to Begin Work on the Certificate in College Teaching**

Full Name:		PID:	
E-Mail:		Concentration:	
Expected Graduation Date:		Teaching course(s) completed or proposed:	

**BRIEFLY DESCRIBE YOUR TENTATIVE MENTORED TEACHING PROJECT**

**TO BE SIGNED BY THE APPLICANT**

*I understand that I need to (a) demonstrate competency in the five core areas, (b) complete all requirements of the Graduate School, & (c) submit an organized portfolio for review and approval.*

Signature:

Date:

**TO BE SIGNED BY THE MUSIC FACULTY MENTOR FOR THE CERTIFICATE PROGRAM**

*I am willing to be the mentor for this student and will review the portfolio to assure competencies have been completed.*

Signature:

Date: