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Center for Teaching & Learning

Certification in College Teaching

Student Name _____ 901# _____

Academic Program _____ Advisor _____

Completion Date _____

Please indicate semester/year each requirement was completed below.

___ Complete required program/college specific training (or IPed TA training if no college specific training is offered)

___ Attend 6 additional training sessions provided by the CTL, other existing programs, or approved specialized programs

___ Engage in a teaching experience (depending on college, may include working as instructor of record, guest lecturer, lab teacher, etc) and observed by faculty member

___ Portfolio at completion to include;

___ teaching philosophy,

___ vita/resume

___ reflections of training sessions (6)

___ lesson plans (2)

___ observation of teaching (2)

___ other _____

Please provide this completed form along with all materials supporting the completion of the requirements to the chair or department head of your academic program. The program chair/department head, in consultation with your advisor, must verify completion of the requirements and this checklist in a letter on department letterhead.

Submit the letter verifying the completion of requirements and checklist via email to Marshall University Center for Teaching and Learning ctl@marshall.edu. Supporting materials verifying the completion of requirements need not be submitted.