



**Note that all of the following signatures must be provided. It is understood that the same individual may serve in more than one, and perhaps all, of the following roles.**

The **Supervisor** of the student applying under this program affirms that they are familiar with the terms, conditions, and objectives of the Teacher Scholars Doctoral Fellowship program and agrees with the student participating in the program.

Name of the Supervisor

Signature of the Supervisor

Date

The **Faculty Mentor** (this may or may not be the same individual as the supervisor) affirms by their signature that they understand the terms, conditions, and objectives of the Teacher Scholar Doctoral Fellowship program and agrees to:

- Meet at least weekly with the student throughout the term of their fellowship to provide support and advice
- Be available from September 1<sup>st</sup> to April 30<sup>th</sup>
- Provide assistance and guidance to the student while they are developing their teaching methods
- Make at least three classroom visits (ideally the third week of each month) to observe the student’s teaching
- Provide written feedback from each classroom visit on the student’s strengths and areas for improvement

I confirm that I have discussed the course and teaching expectations with the student.

Name of the Faculty Mentor

Signature of the Faculty Mentor

Date

The **Dean/Director/Head** of the unit in which the fellow will teach the course indicated above affirms that:

- Arrangements have been made to appoint the student as a sessional instructor for this course
- Arrangements are in place to cover the associated cost of this sessional appointment
- A faculty mentor has been confirmed for the graduate teaching scholar doctoral fellow
- An appropriate sessional teaching appointment has been confirmed for the Graduate Teaching Scholar Doctoral Fellow in Term 2 that does not conflict with GSR 982 meeting times **Thursday afternoons 1:30 pm – 2:50 pm**
- A letter will be sent to the Graduate Student Fellow on behalf of the Department or College (copied to CGPS Awards & Scholarships) to confirm their acceptance of the fellowship and the teaching assignment in Term 2

Name of the Dean/Director/Head of the unit in which the Fellow will teach

Signature of the Dean/Director/Head of the unit in which the Fellow will teach

Date