

GRADUATE STUDENT INFORMATION:

Name: _____ Email Address: _____

Department: _____

Proposed Course Program (check one):

☐ Pre-College (non-credit)

☐ Summer Session (credit)

Proposed Course Title: _____

Proposed Course Length: _____ Proposed term: Summer(*academic year*): _____

Graduate students who need to confirm their Director of Graduate Studies should contact the Graduate School at Graduate_Dean@brown.edu.

The graduate student listed above must be approved by their Director of Graduate Studies, Principal Investigator (where applicable) and Advisor (where applicable) prior to submitting a course proposal or interest to teach with the Division of Pre-College and Undergraduate Programs. We require your input to help us ensure graduate students:

- provide a quality learning experience for their future students
- make the time commitment necessary to develop, teach and evaluate student work
- meet the Graduate School requirements to teach

If you have any questions, please contact PCUGcourses@brown.edu.

APPROVALS:

Director of Graduate Studies Name: _____ Date Signed: _____

Director of Graduate Studies Signature: _____

Principal Investigator Name: _____ Date Signed: _____

Principal Investigator Signature: _____

Advisor Name: _____ Date Signed: _____

Advisor Signature: _____