



SDI Pre-Approval Form

(This form is due in the Graduate Office by the first day of classes of the relevant semester.)

Name: _____

I wish to carry out Substantial Direct Instruction in PSY _____ .

The class meets on this schedule (e.g., T/Th 12:50-2:10): _____

I plan to give _____ lectures/presentations during the semester. (The minimum is 4 hours.)

The Instructor of Record (main instructor) will be: _____

Semester and Year: _____

All SDI experiences must be observed by a faculty member at least 1-2 times. Students who are teaching a section of PSY 310 SDI are expected to be observed by their faculty research advisor.

Advisor: If you are unavailable at the scheduled time for your student's section of PSY 310, then you should arrange to swap with another faculty advisor whose student is teaching PSY 310 in order to observe each other's students. Please contact the Graduate Coordinator or Graduate Program Director for information about students currently teaching PSY 310 and their advisors.

Student: I plan to be observed by _____ (faculty member).

(Note: This individual should observe 1-2 times and provide a page of written feedback to the student and the Graduate Office, along with the SDI Approval Form by the end of the semester.)

Student signature: _____ Date: _____

Faculty observer name & signature: _____ Date: _____

Graduate Program Director signature: _____ Date: _____