Harvard University
Department of Sociology
Committee on Higher Degrees

Action:

Date:

Report of Teaching Fellowship

Student: Fill out the top portion of the form and give to the faculty member who supervised your apprenticeship. After being completed, it should be returned to the Graduate Program Coordinator so that it can be entered into your file.

Date: _____ **GSAS Year:** _____

Name of student: _____

Name of faculty supervisor: _____

Name of course: _____

Semester & year of course: _____

The student named above has completed a salaried teaching fellowship for at least 0.20 FTE (7 hours/week) and the duration of one term under my direction.

Faculty signature: