

Biol 498 ~ Biology Teaching Practicum (1-4 credits)

Biol 498 is for students to apply their knowledge and develop their scientific communication skills through working as an undergraduate assistant in laboratory courses.

Instructions

- You must be in Phase II of the biology major to serve as an undergraduate TA.
- Please complete this form and sign the confidentiality agreement on the reverse side. Take the form to the instructor for the course you wish to TA to arrange the day/time of the lab you will TA.
- After the form has been signed by the instructor, return it to the Biology Department office (BI 315), and you will be issued an override. This is not necessary if you will be a TA for BIOL 101 or 348, as the instructors for those courses will issue the override.
- You may register for 2 credits if serving as a TA for a 200 or 300-level course, and 1 credit for each Biol 101 section.
- Failure to add this course by the end of Phase III Registration will result in the assessment of a late registration fee by the Registrar's office.

Student Information

| | |
|--|------------|
| Name: | Student #: |
| Email Address: | Phone: |
| Major/Emphasis: | Advisor: |
| <i>Check courses completed:</i> | |
| <input type="checkbox"/> Biol 204 <input type="checkbox"/> Biol 205 <input type="checkbox"/> Biol 206 <input type="checkbox"/> Biol 321 <input type="checkbox"/> Biol 323 <input type="checkbox"/> Biol 325 <input type="checkbox"/> Biol 340 <input type="checkbox"/> Biol 432 | |

Course of Interest

| | | | |
|---------------------------------------|-------------------------------|---------------------------------|---------------------------------|
| Term: <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring |
| Course of Interest: | | Credits: | |
| Preferred Lab Time(s): | | | |

Availability

(Put an "X" in the hours that you are NOT available.)

| | Mon | Tue | Wed | Thurs | Fri |
|---------|-----|-----|-----|-------|-----|
| 8 - 9 | | | | | |
| 9 - 10 | | | | | |
| 10 - 11 | | | | | |
| 11 - 12 | | | | | |
| 12 - 1 | | | | | |
| 1 - 2 | | | | | |
| 2 - 3 | | | | | |
| 3 - 4 | | | | | |
| 4 - 5 | | | | | |

Instructor Signature

Date

Code of Responsibility for Security and Confidentiality of Records and Files
Biology Department
Western Washington University

Security and confidentiality are of concern to all University employees and to all other persons who have access to administrative records. The purpose of this code is to clarify responsibilities in these areas. Each individual who has access to confidential information must adhere to the regulations stated below:

- May not reveal the content of any record or report to anyone, except in the conduct of his or her work assignments and in accordance with University policies and procedures.
- May not release information seen on individual student records.
- May not release any information to third parties, unless it is an official part of the job.
- May not make or allow any unauthorized use of information.
- May not knowingly include false, inaccurate or misleading entry in any report or file.
- May not seek personal benefit or allow others to benefit personally from the knowledge of any confidential information acquired through work assignments.
- May not remove any official record or report, or copy of any official report, from the office where it is maintained, except in the performance of official duties.

Individuals who are given access to records must agree to abide by the guidelines outlined in this document and by the Student Records Policy (Appendix E, Catalog, and WAC 516-26).

It is your responsibility to read through and understand the FERPA Policies, which you can find online at: <http://www.wvu.edu/depts/registrar/ferpa.shtml>.

Any knowledge of a violation of this code must be reported **immediately** to the violator's supervisor. Violations may lead to disciplinary action, including dismissal. Violations can also lead to action under the State of Washington statutes pertaining to theft, alteration of public records, or other applicable sections.

I have read and agree to the policies stated above.

Printed Student Name

Signature

Date