PhD in Information Technology – Teaching Request

This form must be submitted and approved by the Doctoral Program Committee **two semesters** before you are planning to teach. CIST 9050 Colloquium on IT Teaching must be completed prior to your teaching semester.

Student Information

Name:	**NU ID:**
Concentration (if applicable):	**Faculty Advisor:**
Your Area of Research:	
Teaching Semester Requested:	
Shadowing Semester:	
Course Number/Name Requested:	
Observation/mentoring faculty member:	

_____ _____

Student Signature/Date   Faculty Advisor Signature/Date

_____ _____

Supervising Department Chair Signature/Date   Mentoring Faculty Signature / Date

_____   _____   _____

Doctoral Program Chair Signature/Date   Approved   Disapproved