

**PSYC 4401: DIRECTED STUDY
TEACHING EXPERIENCE – APPLICATION**
PSYC 4401: Directed Study Teaching Experience: Course Description

This directed study offers students hands-on experience as a teaching assistant for an undergraduate psychology course. Under the guidance of faculty member, students explore a variety of topics related to teaching and student learning. Potential topics include course design, ethical issues, content preparation and presentation, student motivation and engagement, evaluative feedback, and assessment strategies.

Instructions:

Submit this application with the required attachments to the Department via DocuSign by the appropriate deadline. Review and processing of directed study research applications generally takes 5-10 business days. If approved, you will be notified via KSU email with registration instructions.

Deadlines			

PSYC 4401: Teaching Experience Requirements:

- Minimum institutional GPA of 3.00
- Students may only apply to be a TA for a course they have previously completed with a grade of "B" or higher.
- Instructor approval
- Department Chair approval

Credit-to-Field Hour Equivalencies:

- 1 credit hour = 45 field hours
- 2 credit hours = 90 field hours
- 3 credit hours = 135 field hours

Notes about Directed Study Credit Hours:

- Maximum of 3 hours of directed study in a semester (includes PSYC 4400, 4401, 4402, 4403, 4404)
- Maximum of 6 hours of PSYC 4400, 4401, 4402, and 4403 used towards the upper division major elective requirements
- Maximum of 9 hours of Directed Study used towards degree requirements overall

Attachments to Include:

- Directed study syllabus with all KSU required syllabus elements
- Confidentiality and responsibility agreement

Student & Course Information:

Name: _____ Date Submitted: _____
 KSU ID#: _____ KSU NetID: _____
 Institutional GPA: _____ PSYC GPA: _____ Major: _____
 Term Requested: _____ Credit Hours Requested: _____ Prior Directed Study Hours Earned: _____
 Faculty Supervisor for PSYC 4401: _____ Low Cost/No Cost: _____
 Modality: _____ TA for PSYC Course#: _____ Section#: _____

Agreement/Approval Signatures:

Student: _____ Date: _____
 Faculty Supervisor: _____ Date: _____

Acknowledgment of Professional Confidentiality and Responsibility

This statement is to be signed by students serving as undergraduate teaching assistants in the Department of Psychological Science who may have access to student records.

Student records are maintained under the protection of the Family Educational Rights and Privacy Act of 1974, as amended affords students the right to have their personal information and educational records held in confidence with limited exceptions.

One exception involves directory information. Directory information may be released by the university without the student's written consent. Directory information consists of name, field of study (Major), participation in recognized activities and sports, weight and height of athletic participants, dates of attendance and degrees received. Students may deny the release of directory information by requesting in writing to the registrar that such information not be released each semester they are enrolled. When a student has filed a written request with the Registrar that his/her directory information be withheld and kept confidential, a flag will be set in Banner that causes a warning message to be displayed whenever someone accesses that student's records stating that information about this person is confidential. In that case, the student's directory information should not be released.

Although I, the undergraduate teaching assistant, will not have access to records beyond the course(s) specifically associated with my assistantship, it is important to note that all student data is protected, in particular, students' grades, grade point averages, hours enrolled, schedule of classes, and social security number. This information should not be released to anyone, including the student's parents, without the express written permission of the student.

By my signature, I acknowledge that I am aware that the student records are confidential and that I must keep them confidential. This acknowledgement is not intended to interfere with the normal operation of my duties as an undergraduate teaching assistant at Kennesaw State University.

In addition, in connection with my responsibilities, I agree:

- To keep all test materials confidential; not to discuss assignments (including tests) with anyone other than my faculty supervisor; and to keep all materials related to my work in the course secure.
- To inform the instructor if I suspect any student has engaged in academic misconduct. I will not contact the student in question.
- Not to discuss a student's grades with any student (including the student in question) but rather direct the student to speak with my faculty supervisor.
- To notify my faculty supervisor immediately if there is any reason to believe that there is a possible conflict of interest or dual relationship with any of the students. If I am unsure about a conflict of interest, I will discuss it with my faculty supervisor.
- If I have questions about any information in this agreement or about my UTA responsibilities, I will discuss them with my faculty supervisor.
- Should I have concerns that I cannot address with my faculty supervisor, I can speak with the Chair of the Department of Psychological Science.

All students serving as undergraduate teaching assistants in the Department of Psychological Science are required to complete the Kennesaw State University FERPA training and attend a virtual directed study bootcamp. Failure to do so will result in the student being ineligible to serve as an undergraduate teaching assistant.

_____ I understand that if my application is approved, I will need to meet both requirements.

Applicant Name

KSU ID#

Applicant Signature

Date

I understand that this student must complete the Kennesaw State University FERPA training and attend a virtual directed study bootcamp to be eligible to serve as an undergraduate teaching assistant for the course indicated above.

Faculty Supervisor Name

Faculty Supervisor Signature

Date

Department Chair/Designee Signature

Date

FOR DEPARTMENT OFFICE USE ONLY

Date Received: _____ Reviewed By: _____

Department Signature: _____ Approved? ____ Yes ____ No