**Center for the Integration of Research, Teaching, and Learning**

**CIRTL**

**Intent to participate to receive a CIRTL certificate**

This form is to assist the CIRTL office at UMBC keep track of graduate students and post-doctorates who want to pursue a CIRTL certificate. This form needs to be filled out and submitted for each CIRTL certificate you want to achieve. Be sure and fill out this form completely. Thank you.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current UMBC graduate student? (Please circle) Yes No

Current UMBC Post-Doctorate? (Please circle) Yes No

Years of graduate school completed to date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of anticipated graduation (or date of graduation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a Teaching Assistant (TA) at UMBC? (Please circle.) Yes No

If you are a post-doctorate, have you ever been a Teaching Assistant (TA) at another university?

(Please circle.) Yes No

Are you a current TA (this semester)? (Please circle.) Yes No

If you are a post-doctorate, do you have a teaching role/position this semester?

(Please circle.) Yes No

Briefly state you reason for pursuing the CIRTL certificate:

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Does your advisor/mentor know about your intent to work towards a CIRTL certificate?

(Please circle)

Yes No

What is your rationale for not discussing with your advisor/mentor?

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