

Chemistry & Biochemistry

Undergraduate Preceptor Contract

Please entirely complete this form, obtain signatures of approval and return the form to a CBC advisor, who will then register you for the requested units. This form is for department records. All adjustments to the form must be made in person and initialed before any enrollment changes can be completed. You should have a specific course and instructor in mind when requesting a preceptorship. [Carefully read the CBC Undergraduate Preceptor Policies.](#)

Student Name _____ Student ID _____

Student Phone Number _____ Student UA Email _____

Major _____ Minor _____ UA GPA _____

Class (circle one) Freshman Sophomore Junior Senior

Preceptor Course Selection

CHEM or BIOC 291 291H 491 491H *required cumulative GPA 3.0*

Number of Preceptor Units _____ Semester _____ Year _____

Course number (e.g., CHEM241A) _____ Course section (e.g., MWF 9:00) _____

Supervising Instructor Name _____

Supervising instructor UA email _____ Instructor phone number _____

Required Duties (*check all that apply; at least one box must be checked under each unit section, based on the number of units requested above*):

One Unit requires:

- Attendance at all lectures and participation as arranged with the instructor
- Attendance at weekly meetings with the instructor and/or TA
- Other _____

Two Units requires above responsibilities plus one option below:

- Holding office hours (min. of 2 hours per week) in the tutor room or in a location approved by the instructor
- Other _____

Three Units requires above responsibilities plus:

- Select one additional option from the "Two Units"
- Other _____

Title of Special Project (3 units only) _____

Description of Special Project: (if necessary, continue on the back of the page or attach a separate project plan)

Include a specific discussion of the time per week budgeted for described activities (minimum three hours) or a timeline describing 45 hours of total activity per semester.

Guidelines for Preceptorship

http://cbc.arizona.edu/education/undergraduate/advising/preceptor_program

1. Notify the course instructor about your interest in becoming a preceptor and complete the preceptor contract together.
2. **FERPA tutorial must be completed online with completion certificate attached to this form.** You will not be enrolled without the successful completion of this training. To access the training, click on Tutorial at the following website: <http://registrar.arizona.edu/personal-information/ferpa-tutorial>

Date of Completion of FERPA tutorial _____ **FERPA tutorial completion must be attached to this form**

3. A student may not be a preceptor in more than one course per semester.
4. The enrollment fee for Preceptorship credit is calculated at the same rate as for other credit courses.
5. Students should enroll within a week after the term commences, (CBC department deadline). Students must complete the required 45 hours of course work per credit unit before the last day of the term. The last day to register for Preceptorship in Fall, Spring and Summer Semesters without incurring a late charge is the same as for all other courses; see <http://www.bursar.arizona.edu/students/fees/census> and http://www.bursar.arizona.edu/students/fees/late_charge.asp.
6. Honors students requesting Honors Preceptorship and the faculty who agree to supervise need to initial the contract form and can consult the Guidelines for Honors Preceptorship at: (http://www.honors.arizona.edu/faculty_and_advisors/preceptors.html) as endorsed by the Undergraduate Council, 4/7/2009.
7. **Project Summary:** A written summary of the special project activities and outcomes must be submitted to the instructor and to the CBC Advising Office no later than the last day of class each semester. This is a requirement for posting of grades for those registered for three units. The project summary (at least one half page in length) should include at minimum:
 - 1) a project description (what was proposed and why)
 - 2) an explanation of the project (what was done)
 - 3) a summary of any findings or a concluding statement (if appropriate to the project)

REQUIRED SIGNATURES

Student _____

Date _____

Supervising Instructor _____

Date _____

Submit completed contracts to Olivia Mendoza in the CBC Advising Office, Old Chemistry Room 210A.

Questions? Contact: Olivia Mendoza

omendoza@email.arizona.edu 520.621.3868



THE UNIVERSITY OF ARIZONA
COLLEGE OF SCIENCE
COLLEGE OF MEDICINE TUCSON

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