Chemistry & Biochemistry

PRECEPTOR APPLICATION FOR CHEM 151/152

Students, please entirely complete this form in consultation with your Supervising Instructor. Please refer any questions to Dr. Amy Graham via email at grahama@arizona.edu. This form is for department records. All adjustments to the form will be made via email 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.

*First-time preceptors will be required to attend a pre-semester orientation for new preceptors

Student Name ___________________________  Student ID ___________________________

Student Phone Number ___________________  Student UA Email ____________________

Major ___________________________  Minor ___________________  UA GPA ___________

Class (circle one)   Freshman  Sophomore  Junior  Senior

Attendance at a weekly content prep session is expected for first-time on-sequence preceptors in 151 and/or 152. Please select the weekly meeting time that fits in your schedule:

Section 001 Monday 4:00pm (on Zoom)  Section 002 Tuesday 4:00 pm (on Zoom)  Section 003 no meeting

Participation in preceptor training is expected for all first-time preceptors.

Please indicate the Preceptor Course

☐ 291  ☐ 291H  ☐ 491  ☐ 491H  required cumulative GPA 3.0

Number of Preceptor Units (1, 2, or 3) ______  Semester (FA/SP) _________  Year__________

Course number (e.g., CHEM151 or CHEM 152) ___________  Course section (e.g., MWF 9:00) _____________

Supervising Instructor (Circle one): Daly  Graham  Hidalgo  Perera  Talanquer  Other: _____________

Supervising instructor UA email ______________________  Instructor phone number__________________________

This portion is to be completed in consultation with the Supervising Instructor and/or Dr. Amy Graham

(grahama@arizona.edu).

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.
☐ Participating in a weekly content prep session for first time preceptors (for on-sequence only)
☐ Attendance at weekly meetings with the instructor and/or TA
☐ Other ____________________________________________

Two Units requires above responsibilities plus one option below:
☐ Holding office hours (minimum of 2 hours per week)
☐ Instructional Manager
☐ Other ____________________________________________

Three Units requires above responsibilities plus:
☐ Select one additional option from the “Two Units.”
☐ Completion of a Special Project or additional duties (specify on Special Project Application)
☐ Learning Researcher
☐ Other ____________________________________________
Guidelines for Preceptorship

https://cbc.arizona.edu/education/cbc-undergraduate-studies/preceptor-program

1. Notify the course instructor about your interest in becoming a preceptor and complete the preceptor contract together.
2. **FERPA training (for Instructors and Instructional Support Teams) must be completed online with a completion certificate emailed to Olivia Mendoza (omendoza@arizona.edu).** You will not be enrolled without the successful completion of this training. To access the training, click on Tutorial at the following website: https://registrar.arizona.edu/privacy-ferpa/ferpa-training
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).
6. 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 University Fees & Bursars Information.
7. 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.

REQUIRED SIGNATURES—Final confirmations will occur via email with typed name and date.

Student ____________________________ Date__________________

Please “save as” with Student last name_First initial_Instructor Last Name Chem 15X Preceptor FXX
For example, Contreras_D_Graham Chem 15X Preceptor FXX

Supervising Instructor__________________________ Date__________________

Preceptor Coordinator __________________________ Date__________________

Questions? Contact:

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Amy Graham graham@arizona.edu 520.621.3428

THE UNIVERSITY OF ARIZONA
COLLEGE OF SCIENCE
COLLEGE OF MEDICINE TUCSON
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