

**CWRU Special Examinations Competency Ratings-
Teaching an Undergraduate Seminar**

Student Name: _____

Date this plan was submitted: _____

SCHOLARLY REVIEW PAPER

Title: _____

Faculty Advisor for the Review Paper Exam: _____

To be completed during _____ Fall Semester _____ Spring Semester _____ Summer Semester

Date completed: _____

Faculty Signature indicating successful completion: _____

TEACHING A SPECIALTY COURSE

Title: _____

Faculty Advisor for the Specialty Course: _____

To be completed during _____ Fall Semester _____ Spring Semester _____ Summer Semester

Date completed: _____

Faculty Signature indicating successful completion: _____