



I-CUBED PROGRAM GRADUATE STUDENT TEACHING AWARDS

<http://i3.institutes.ufl.edu/>



SUPPORT STATEMENT FROM DEPARTMENT CHAIR OR COLLEGE DEAN

PROPOSED COURSE INFORMATION

Course number/ Title: _____

Department/College: _____

Graduate Student Name: _____ Signature: _____

Faculty Advisor: _____

Phone: _____ Email: _____

REQUIRED

By signing this form, I approve the implementation of the proposed course(s) during the
_____ Academic Year

Dept. Chair/College Dean: _____

Signature: _____

Email: _____ Phone: _____