

# AST 475 & PHY 475

## Undergraduate Teaching Practicum Report

**ALL SECTIONS ON THIS FORM MUST BE TYPED EXCEPT FOR THE SIGNATURE SECTION**

<b>Student's Name:</b>	<b>Stony Brook ID #:</b>
<b>Email Address:</b>	
<b>AST 475</b> section #:	
<b>PHY 475</b> section #:	
Semester & year: (ex: Fall 2017)	
Supervising Faculty Name	
<b>Describe what you actually did this semester.</b> You may wish to mention that you developed problem solving skills, worked effectively as a team, developed communication skills, improved knowledge of your discipline, acquired discipline-specific skills.	
<b>Signature section:</b>	
Student signature:	Date:
Supervising Faculty signature:	Date:
Undergraduate Program Director signature:	Date: