The Senior Student Teaching Program is an enrichment program targeted at dental students in the senior class. This program is intended to broaden the scope of students' dental school experiences by including a teaching component. The primary objective of this course is to provide teaching experiences to senior dental students to help foster interest in academic dentistry as a part time or full time career.

ELIGIBILITY CRITERIA

There are two types of credit, selective or elective, each having different eligibility criteria:

To be eligible for the elective program (teaching in preclinical laboratories during clinic time) students must be in the top 40% of the class in academic rank and clinical achievement at the end of the junior year and not have any current academic difficulties. In addition, eligible students must have a B average or better for the course in which they seek to teach. All other requirements and the application process can remain identical to the existing Honors program.

In order to participate in the selective involving teaching in the Basic Skills course during the week before regular classes start, 45 students will be selected waiving the top 40% rule.

COURSE CONTENT:

Students participating in this elective will be assigned as a student instructor in one of the freshman or sophomore pre-clinical laboratory courses. It is anticipated that students will commit approximately 60 hours (1/2 day per week for 15 weeks) to this activity. Students will choose from the pre-clinical laboratory courses offered by departments at New Jersey Dental School. Entry into the program is by invitation. Assignment to a particular course will be the responsibility of the department and course director who will oversee the student participating in the teaching program. As this teaching will take place during regularly scheduled clinic time, it will be considered for elective credit.

Students participating in the selective (Basic Clinical Skills – Preweek) will be assigned to work with two to three incoming freshmen. Those students will commit approximately eight hours to the course during the week before school. As this experience will take place outside of regularly scheduled curricular time, it is considered to be selective credit.

OBJECTIVES OF COURSE:

1) Gain experience with preclinical instruction.
2) Gain experience with informal evaluation and a better understanding of the formal evaluation process.

EVALUATION OF STUDENTS:

Freshman and sophomore students will evaluate senior student instructors when they complete course evaluations. Faculty will be surveyed to see if senior student instructors were beneficial to the education process.
in the course they participated. Finally, to determine the success of the program in promoting student interest in academic careers, senior students will be surveyed before and after their teaching experience.

**APPLICATION PROCEDURE:**

More information and application forms are available from the Office of the Registrar (B826). After reviewing the course options available to you, discuss your interests with the responsible course director and/or chairperson in the department(s) of interest. Please list your top 2 or 3 course choices on the attached application and submit the application to:

Ms. Latoia Taylor  
Registrar  
B-826
<table>
<thead>
<tr>
<th><strong>PROGRAM DESCRIPTION</strong></th>
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</thead>
<tbody>
<tr>
<td>Number of students:</td>
</tr>
<tr>
<td>Day/Time:</td>
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<tr>
<td>Number of weeks of Program</td>
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<tr>
<td>Number of hours of Program</td>
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<tr>
<td>COURSE DIRECTOR</td>
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</tbody>
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NEW JERSEY DENTAL SCHOOL
SENIOR STUDENT TEACHING PROGRAM APPLICATION

NAME ___________________________ ID# ______________ DATE _________________

PRECLINICAL LAB COURSE CHOICES

    First Choice

    Second Choice

    Third Choice

Students Statement of expectations by entering the Teaching Program. State reasons for choice of department and course.

__________________________________________

Student Signature                      Date

Submit this application to the Registrar to initiate processing
NAME   ID#   DATE

APPROVALS

ASSOCIATE DEAN OF ACADEMIC AFFAIRS or REGISTRAR

_____ APPROVED for participation in the Student Teaching Program
_____ NOT APPROVED for participation in the Student Teaching Program

_________________________  ______________
Signature                  Date

ASSOCIATE DEAN FOR CLINICAL AFFAIRS

_____ APPROVED for participation in the Student Teaching Program
_____ NOT APPROVED for participation in the Student Teaching Program

_________________________  ______________
Signature                  Date

COURSE DIRECTOR

_____ APPROVED for participation in the Student Teaching Program
_____ NOT APPROVED for participation in the Student Teaching Program

_________________________  ______________
Signature                  Date

DEPARTMENT CHAIRPERSON

_____ APPROVED for participation in the Student Teaching Program
_____ NOT APPROVED for participation in the Student Teaching Program

_________________________  ______________
Signature                  Date

Course assignment: __________________________________________