

**UMKC School of Graduate Studies**  
**Registration Form: Orientation for Graduate Teaching Certification**

**Thursday, August 20<sup>th</sup>, 2009**  
*University Center, Room 106*

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Department/School (where your GTA appointment is housed): \_\_\_\_\_

UMKC Graduate Degree Program you are pursuing: \_\_\_\_\_

Course Name/Number you will be assisting in (if known): \_\_\_\_\_

Telephone Number (Home) (Department): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please check the appropriate box:**

I fulfill the guidelines of a **non-native speaker (Session begins at 10:00 a.m.)**

Native language \_\_\_\_\_

Have you completed the SPEAK test? Yes / No

Have you completed the simulated video lecture? Yes / No

I am a **native** English speaker: this orientation is for all native students who might receive a GTA Position **(Session begins at 12:30 p.m.)**

**Please check the appropriate box below**

I prefer lunch to be:

Vegetarian

Chicken

Turkey

**Return this registration form to the School of Graduate Studies by **Friday, August 14, 2009:****

**Mail:**

Attn: Sherenna Clinton  
School of Graduate Studies / 300F Administrative Center  
5115 Oak Street / University of Missouri-Kansas City  
Kansas City, MO 64110

**Fax:**

Attn: Sherenna Clinton  
(816) 235-1310

**Email:**

[clintons@umkc.edu](mailto:clintons@umkc.edu)