Uytengsu Teaching Laboratory in Shriram Center

**Course Agreement Form**

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**Course:**

**Instructor Name(s) Email**

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*Fill in the table below for all requested room (s).*

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| **Room** | **Requested Date(s)** | **Requested Day/Time**  **(ex: MWF 1-2pm)** | **# of students** | **Comments** |
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**Teaching Assistant (s) Email**

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* After the guided tour of the lab space I, the undersigned Course Instructor(s), have deemed that the Uytengsu Teaching Lab is appropriate and safe to conduct my above indicated coursework.
* I will ensure that my Teaching Assistants are aware of all relevant course materials and relevant safety and can safely and effectively conduct the teaching of the above course in lab per the “[Uytengsu Teaching Lab Policy](https://uytengsuteachinglab.stanford.edu/uytengsu-teaching-lab-policy)”
* I will ensure all students, TAs, and myself complete the [Uytengsu Teaching Lab Safety Form](https://docs.google.com/a/stanford.edu/forms/d/e/1FAIpQLSehJxmqGn3wmm1_RkTyP04BZEdCrboMDaT2QtXSQw48lM8fOg/viewform?c=0&w=1) before entering the lab.
* I and my TAs will attend a **mandatory** safety orientation session with lab management prior to beginning course work in Uytengsu Teaching Lab. *(Dates of orientation will be emailed to you.)*
* I will NOT hold the management personnel of the Uytengsu Teaching Lab liable should there be any accidents in the facility.
* I acknowledge that it is my responsibility to ensure all course participants including TAs and students understand and exhibit safe practices that abide by the Uytengsu Teaching Lab policies. Should participants violate any of these policies, lab activities may be immediately halted and only allowed to resume once corrective actions have been taken. Repeated violations may result in participant being denied access to the lab.

*If there are multiple instructors, not all instructor signatures are required to reserve space, however, the one(s) signing bare all responsibilities outlined above.*

Instructor Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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