Certificate of Recognition

for Teaching Supports

provided by a Postgraduate Research Student

I confirm that (*student’s name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fulfilled the role of lecturer/tutorial lead/demonstrator (*delete as appropriate*) for the above-mentioned module(s) within the School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that the dates and hours provided in the table below are correct.

**Module Detail:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Module Code** | **Module Names** | **Lecture / Tutorial / Demonstration**  *(please select)* | **Total Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Add additional rows as required*

**School/Discipline:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates From - To:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of School / Module Co-Ordinator

Official Trinity Stamp (School Office)