



### Southridge Partnership UM Student Requirements

UM Student Name: \_\_\_\_\_ Southridge Class Title: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Semester: \_\_\_\_\_

*Activity	Date Completed	# of Hours	Teacher Signature
Lecture 1			
Lecture 2			
Lecture 3			
Curricular Enhancement 1			
Curricular Enhancement 2			
Curricular Enhancement 3			
Planning Meeting 1			
Planning Meeting 2			
Planning Meeting 3			
Planning Meeting 4			
Planning Meeting 5			
Direct Mentoring 1			
Direct Mentoring 2			
Direct Mentoring 3			

