FACULTY APPLICATION FORM

Completed applications must be approved by the Department Chairperson and submitted to the College Dean’s office no later than September 18, 2015

Please note that accepted faculty members will receive a ½-time course overload for their participation in the program.

Name of Applicant ________________________________________________________________

College/School ________________________________________________________________

Academic Department ___________________________________________________________

Phone: _____________________________ E-Mail Address: _____________________________

1. Why are you interested in participating in the 2016 CSIS Seminar Course as a faculty team member? (100 words or less, attach separate sheet):

2. Describe any team teaching experience you have had at Southeast:

3. Describe any experience you have had teaching with Southeast’s Moodle LMS (50 words or less):

4. If you have taught online at Southeast, please list the course(s):

5. Please attach one letter of reference

______________________________________________________  ______________________
Signature                                                Date

______________________________________________________  ______________________
Signature, Department Chairperson                         Date