

BRITISH STUDIES PROGRAM FACULTY APPLICATION FORM
(Fall 2013, Spring 2014, Summer 2014 application)

Name _____ Date _____

I/O faculty employed by SCSU on continuing contract? ___ Yes ___ No

Office _____ Department _____

E-mail _____ Phone _____

Semester Preference (numbered in order): ___ Fall 2013 ___ Spring 2014 ___ Summer 2014

If applying for more than one term, please explain your preferences below and also indicate if you have no preference.

In the event that you are not selected for your chosen semester(s), would you be willing to be an alternate in the event that the selected candidate withdraws? ___ Yes ___ No

List relevant international experience: Teaching: Where _____ Year/s _____

Directing: Where _____ Year/s _____

Other: Where _____ Year/s _____

List proposed course (name and course number) and indicate LEP Area and/or major core.

1)

2)

3)

4)

TO BE SIGNED BY THE DEPARTMENT/UNIT CHAIR:

I have been informed this person has applied as faculty for the British Studies program,

_____ (term) _____ (year).

Department/Unit Chair Signature

Date

TO BE SIGNED BY THE DEAN:

I have been informed this person has applied as faculty for the British Studies program,

_____ (term) _____ (year).

Dean Signature

Date

TO BE SIGNED BY OUTSIDE UNIT CHAIR (if applicable):

If faculty wish to offer a course outside their assigned department, the outside unit chair must acknowledge the intent to teach such a course.

I approve this person's intent to teach a course from _____ department/unit in the British Studies program, _____ (term) _____ (year).

Department/Unit Chair Signature

Date

RETURN TO: Center for International Studies
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St. Cloud State University
650 1st Avenue South
St. Cloud, MN 56301-4498

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Revised April 20, 2011

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