

BRITISH STUDIES ACADEMIC DIRECTOR APPLICATION FORM
(Fall, 2013, Spring 2014, Summer 2014 application)

Name _____ Date _____

Office _____ Department _____

E-mail _____ Phone _____

Term applying: 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 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 _____

TO BE SIGNED BY THE DEPARTMENT/UNIT CHAIR:

I have been informed this person has applied as Academic Director 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 Academic Director 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
St. Cloud State University – Lawrence Hall, G08
650 1st Avenue South
St. Cloud, MN 56301-4498

Phone: (320) 308-4288

FAX:(320) 308-4223