

CETL Faculty Fellow Application

First Name: _____ Last Name: _____

College: _____ Department: _____

Please indicate the CETL Faculty Fellow position you are applying for:

Applicant Signature

Date

Supervisor/Chair/Director: Please tell us briefly why this applicant would be a great CETL Faculty Fellow at this link: [Supervisor/Chair/Director Recommendation](#)

By signing below, I understand the CETL Faculty Fellow is structured as a 50% workload reassignment. This workload reassignment is negotiated as a combination of course release time from teaching and reduced or realigned service and research activity in my academic department. The associated instructional replacement costs will come from the Academic Affairs part-time faculty pool.

Supervisor/Chair/Director Name

Sharing Supervisor/Chair/Director Name
(for jointly appointed faculty only)

Supervisor/Chair/Director Signature

Date

Joint Supervisor/Chair/Director Signature

Date

Dean Name

Sharing Dean Name
(for jointly appointed faculty only)

Dean Signature

Date

Sharing Dean Signature

Date