
AU New Faculty Scholars Application Form

Applicant Name _____

Faculty Rank _____ Department _____

Campus Address _____

Campus Email _____ Campus Phone _____

Date started in present position at Auburn University _____

The applicant and his/her Department Chair/Head believe that s/he will benefit from and contribute to the New Faculty Scholars program. We understand the commitment necessary and have discussed ways to make time and other resources available to the applicant during the academic year to fully allow him/her to participate in the required and recommended activities. We see this as a way to enhance the applicant's success and to strengthen his/her teaching, research, and outreach skills.

Faculty Applicant Signature _____

Department Chair Name (Printed/Typed) _____

Department Chair Signature _____

Date _____

Submit to the Biggio Center for the Enhancement of Teaching and Learning, 4011 RBD Library by 4:45 PM, Friday, May 22, 2009.
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