

# Future Faculty Program Application

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_ STUDENT NUMBER \_\_\_\_\_

GENDER \_\_\_\_\_ RACE/ETHNICITY \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ENROLLMENT STATUS (circle one):    FULL TIME                  PART TIME

DEGREE SOUGHT \_\_\_\_\_

DEPARTMENT IN WHICH YOU ARE ENROLLED \_\_\_\_\_

DO YOU HAVE A GRADUATE ASSISTANTSHIP? (circle one)    YES    NO

DATE YOU BEGAN YOUR CURRENT PROGRAM \_\_\_\_\_

INDICATE YOUR CURRENT PROGRAM STATUS:

- Pre-comps
- Post-comps
- Data gathering for dissertation
- Dissertation proposal approved
- Writing Dissertation

DATE OF EXPECTED COMPLETION \_\_\_\_\_

### **Program Requirements**

If you are selected for this program, you will be required to:

- participate in a semester-length course on College Teaching (ELFH 683).
- participate in a series of seminars (September through April) dealing with issues in higher education and teaching.
- you will be expected to meet at least once monthly with an assigned mentor.

If you miss more than two of the College Teaching classes, or two of the seminars, or fail to keep more than two of your mentoring sessions, you will NOT qualify for the certificate awarded to participants in this program (though you will be allowed to continue to attend all program components).

### PLEASE RESPOND TO THE FOLLOWING QUESTIONS

1. Why are you interested in participating in the Future Faculty Program? What benefits do you expect to derive from your participation?

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2. In what kind of higher education institution (i.e., research university, comprehensive university, liberal arts college, community college, etc) do you hope to take your first full-time position? Why?

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3. Which duties of a faculty member do you anticipate will be the MOST enjoyable for you? Which do you anticipate will be the LEAST enjoyable? Why?

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By your signature below, you indicate that you understand and accept these conditions.

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SIGNATURE

DATE

ADVISOR RECOMMENDATION

I \_\_\_\_\_ approve/ \_\_\_\_\_ do NOT approve this application of

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to participate in the Future Professors Program.

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SIGNATURE

DATE

PLEASE RETURN THIS COMPLETED APPLICATION TO:

Dr. Robert Ronau  
Associate Dean for Research  
Future Professors Program  
College of Education and Human Development  
Phone: (502) 852-0593  
Email: [bob@louisville.edu](mailto:bob@louisville.edu)