

Collaborative Preparing Future Faculty Network
University of Colorado at Boulder
Graduate Teacher Program
Graduate School

COPFFN Fellow: Application Form

Name: _____ Date: _____

Home Department: _____

Local Address: _____

Local Telephone: _____ E-mail: _____

Expected Date of Graduation / Completion: _____

Postdoctoral Fellow / PhD / Masters (*circle one*)

Institution: _____

Student / Faculty ID #: _____ (NOT Social Security #)

Your application will be processed as soon as this form and the following items are submitted to the Graduate Teacher Program/COPFFN's Assistant Director in 201 ATLAS at CU-Boulder.

1. A letter of application with expression of interest, including personal and professional goals and PFF expectations.
2. Current résumé or Curriculum Vitae (CV) and University transcript (photocopies OK).
3. Departmental Approval form.
4. A record of participation in GTP/COPFFN activities.

Please Note: Finalists will be interviewed by the GTP/COPFFN Director and Interim Assistant Director, and appropriate faculty members.

Please read the following and sign:

I understand that as a COPFFN Fellow I am expected to respond to emails and participate in as many COPFFN (Collaborative Preparing Future Faculty Network) activities as possible, including: COPFFN site visits to partner campuses, the annual Collaborative PFFN Forum, meetings, and an off-campus faculty mentorship. I understand that I am encouraged to complete the Professional Development Certification for Preparing Future Faculty.

I agree to provide the GTP/COPFFN at CU-Boulder with a current copy of my CV and transcript and I give permission to the GTP/COPFFN to communicate with the appropriate faculty as needed in order to obtain a mentorship. My file will otherwise remain confidential. At the beginning of my mentorship my faculty mentor and I will agree upon a written plan for the

mentorship. At the end of my mentorship I will write a detailed evaluative summary, and a Socratic Portfolio, and submit it to the GTP/COPFFN.

I will make a presentation on my experience in my department or on my host campus. I will also complete the online COPFFN Fellow Pre-Survey and the Exit Survey, with the understanding that my confidentiality will be protected with respect to any data reported. If further assessment of the program is carried out, I will respond as required.

I understand that my status as a COPFFN Fellow is contingent upon my active participation and that the Graduate Teacher Program/COPFFN reserves the right to cancel my status if I do not fulfill the obligations noted above. I also understand that my host campus faculty mentor will send an evaluation of my mentorship to the GTP/COPFF Network office.

Applicant

Name: _____

Signature: _____

GTP/COPFFN Director

Name: _____

Signature: _____