

**WOMS GRADUATE TEACHING AWARDS
Faculty Application**

Faculty name: _____ Date: _____

Rank: _____

College: _____ Department: _____

Campus Address: _____

Email: _____

Phone: _____ Fax: _____

Brief description of course(s) the student is expected to shadow:

Tasks you anticipate assigning this student (be as specific as possible):

Time commitment needed and expected distribution of hours across the term:

Other information on the course:

Name of the student: _____