

*Teaching Academy Fellows Program
Application/Nomination Form*

Information (to be filled out by the nominee)

Date:

Name:

Academic Rank:

UGA full-time start date:

School/College:

Department:

Email:

Campus Phone:

A brief description of your teaching-related duties

A brief description of what you hope to gain by becoming a Teaching Academy Teaching Fellow

I _____ commit to attend the six required Teaching Academy Fellows Program dinners

Nomination (to be filled out by the nominator)

Name _____

Email _____

I am the nominee's

___ Department Head

___ Dean/Associate Dean

___ Director

___ Colleague

___ Member of Teaching Academy

Please summarize briefly what positive contributions to discussions of teaching, research, and service the nominee will bring to the Teaching Academy Fellows Program.