

2016-17 APPLICATION

**Full Name:**

**Department:**

**Faculty Rank:**

**Date of Completion of CCT Teaching Certificate:**

**(OR similar evidenced experience):**

**Summary of your Teaching Philosophy:**

**Outline/Essay that includes two-year plan to further develop your teaching by meeting three program requirements. Limited to two pages.**

**Please attach Department Chair letter/e-mail of support.**

*Please email completed applications to* *sharon.beaudry@oit.edu**.*