

Date & Time Received (Do not fill in) _____

University of Wisconsin-Stevens Point
An Excellence in Teaching Initiative

FACETS



Faculty Alliance for Creating and Expanding Teaching Strategies

Informational Seminar Application

Name: _____ Phone: _____

Check one: Full time teaching faculty _____ Full time teaching academic staff _____

Department or
Unit _____

Statement of Intent (c.100 words)

Agreement to attend all seminars: Yes, I agree _____
Thursday Evenings: February 3rd, March 3rd, April 7th (5-8 pm)

Agreement to disseminate information to department or unit and provide a statement
about methods of dissemination Yes, I agree _____

Your signature _____ DATE: _____

FACETS Informational Seminar Proposal Evaluation

(Do not write in this space)

- Relationship between applicant's intentions for professional growth and the grant foci