Application for Distinguished Faculty Fellow Program

Name:

OU ID Number:

Campus Address:

Campus Telephone:

E-mail:

College:

Academic Unit/Department:

Years of OU Service: Faculty Rank:

Choose One Thematic Area: ☐ Biological/Life Sciences/Health

☐ Renewable/Sustainable Energy

List Two Faculty References (internal or external)

#1 Name: College:

#2 Name: College:

By signing this application form, I hereby affirm that - if selected - I am willing to serve as a Distinguished Faculty Fellow with the CARD office for a period of 12 months, beginning on July 1, 2016. I also affirm that I have discussed my application with my college dean and the chair/director of my academic unit.

Signature:

Date: