

SAC Form 1 UHM Summer Faculty Resident Directorship Application

SUMMER 20____	FIRST LOCATION PREFERENCE	SECOND LOCATION PREFERENCE
APPLICANT'S NAME		
DEPARTMENT NAME AND ADDRESS		
EMAIL	WORK PHONE	HOME / MOBILE PHONE
HOME ADDRESS		

I have been a Resident Director on UHM Study Abroad Programs:

NUMBER OF TIMES	LOCATION(S)	YEAR(S)

APPLICATION CHECKLIST

<input type="checkbox"/>	Send by email attachment (one PDF arranged accordingly) to uhmsac@hawaii.edu.
<input type="checkbox"/>	Send by UH File Drop to uhmsac@hawaii.edu and sarita@hawaii.edu.

<input type="checkbox"/>	<input type="checkbox"/>	This form, with appropriate signatures below
<input type="checkbox"/>		Experiential Learning and Student Mentoring Plan with program-related student learning objectives
<input type="checkbox"/>		Applicant's personal statement
<input type="checkbox"/>		Applicant's professional enrichment plan
<input type="checkbox"/>	<input type="checkbox"/>	Confidential letter of recommendation
<input type="checkbox"/>		Summary of teaching evaluations
<input type="checkbox"/>		Applicant's curriculum vitae
<input type="checkbox"/>		Applicant's student recruitment plan incorporating study abroad Hawaiian Place of Learning instructions

My signature here indicates that I understand and accept my responsibilities as the faculty resident director.

APPLICANT'S SIGNATURE	DATE
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Chair's signature is required for notification purposes only. Total remuneration is provided by the UHM Study Abroad Center.

CHECK ONE: APPROVED DISAPPROVED

DEPARTMENT CHAIR'S PRINTED NAME AND SIGNATURE	DATE
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Dean's signature is required for notification purposes only. Total remuneration is provided by the UHM Study Abroad Center.

CHECK ONE: APPROVED DISAPPROVED

COLLEGE DEAN'S PRINTED NAME AND SIGNATURE	DATE
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