SAC Form 1 UHM Summer Faculty Resident Directorship Application

SUMMER 20		FIRST LOCATION PREFERENCE		SECOND LOCATION PREFERENCE		
APPLICA	ANT'S NAME					
DEPART	TMENT NAMI	E AND ADDRESS				
EMAIL		WORK PHONE		HOME / N	HOME / MOBILE PHONE	
HOME A	ADDRESS					
I have been a Resident Director on UHM Study Abroad Programs:						
NUMBE	R OF TIMES	LOCATION(S)			YEAR(S)	
ARRIVATION OUT OUT						
APPLICATION CHECKLIST Sond by amail attachment (one DDE arranged accordingly) to uhmass@hawaii.adu						
 Send by email attachment (one PDF arranged accordingly) to uhmsac@hawaii.edu. Send by UH File Drop to uhmsac@hawaii.edu and sarita@hawaii.edu. 						
= Solid by Office Drop to annous what wanted and Santawhawan.com.						
	This form, with appropriate signatures below					
	Experiential Learning and Student Mentoring Plan with program-related student learning					
	objectives. (maximum 8 pages)					
	Applicant's personal statement (maximum 2 pages) Applicant's professional enrichment plan (maximum 1 page)					
	Confidential letter of recommendation					
	Summary of teaching evaluations (maximum 5 pages)					
	Applicant's curriculum vitae (maximum 5 pages)					
	Applicant's student recruitment plan incorporating study abroad Hawaiian Place of Learning					
	instructions (maximum 1 page)					
My signature here indicates that I understand and accept my responsibilities as the faculty resident director.						
APPLICANT'S SIGNATURE				DATE		
Chair's signature is required for notification purposes only. Total remuneration						
is provided by the UHM Study Abroad Center.				CHECK ONE: [☐ DISAPPROVED
DEPART	IMENT CHAIF	R'S PRINTED NAME AND SIGNATURE			DATE	
Dean's signature is required for notification purposes only. Total remuneration is provided by the UHM Study Abroad Center.						☐ DISAPPROVED
		RINTED NAME AND SIGNATURE		1	DATE	