

SAC Form 2
UHM Semester/Year Faculty Resident Directorship Application

FIRST LOCATION PREFERENCE	SECOND LOCATION PREFERENCE	FIRST TERM PREFERENCE	SECOND TERM PREFERENCE
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COURSE 1 TITLE, ALPHA, NUMBER, CREDIT VALUE	FOCUS*
COURSE 2 TITLE, ALPHA, NUMBER, CREDIT VALUE	FOCUS*

* E = Contemporary Ethical Issues
 H = Hawaiian, Asian & Pacific Issues
 O = Oral Communication
 W = Writing Intensive

Note: If you do not have a 2-year Focus approval for the course/s, please contact the General Education Office for information about how your course/s will meet the Focus Hallmarks (enclosed).

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

■	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 .

■	▲	This form, with appropriate signatures on Page 2
■		Course proposal/syllabi—to be given to students during recruitment and to be posted on the Study Abroad Center's website. Courses to include study abroad student learning objectives .
■		Applicant's personal statement
■		Applicant's professional enrichment plan
	▲	Confidential letter of recommendation
■		Summary of teaching evaluations
■		Applicant's curriculum vitae
■		Applicant's student recruitment plan incorporating study abroad Hawaiian Place of Learning instructions

University of Hawai'i at Mānoa Study Abroad Center

<i>My signature here indicates that I understand and accept my responsibilities as the faculty resident director.</i>	
APPLICANT'S SIGNATURE	DATE

<i>Applicant's salary will continue to be paid the department while he/she teaches for the UHM semester abroad.</i>	CHECK ONE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
DEPARTMENT CHAIR'S PRINTED NAME AND SIGNATURE	DATE

<i>Applicant's salary will continue to be paid the department while he/she teaches for the UHM semester abroad.</i>	CHECK ONE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
COLLEGE DEAN'S PRINTED NAME AND SIGNATURE	DATE