

2006 CHAUTAUQUA SHORT COURSE APPLICATION

Space availability information available at www.chautauqua.pitt.edu

NOTE: Please enclose a check made out to the Chautauqua Program for the \$50 application fee (\$5 for full-time graduate students). Photocopy as needed.

To Field Center Director at: *(Addresses on page 3)*

CAL DAY GVSU HAR PITT RPI SBU TXA UWA

APPLICATION FOR: Course: _____ Number: _____

Alternate Course: _____ Center (Alternate Course): _____ Number: _____

NAME: Mr. Ms. Mrs. Dr. (or:) Last: _____ First: _____ Initial: _____

OFFICE ADDRESS: Department: _____

Institution: _____

Phone: () _____ Street-City-State-Zip: _____

Fax: () _____ E-Mail: _____ **PREFERRED MAILING ADDRESS:** Office Home

HOME ADDRESS: Number-Street: _____

Phone: () _____ City-State-Zip: _____

GENERAL BACKGROUND: Male Female Year of Birth: _____

Your Highest Degree: _____ Institution: _____ Year: _____

CURRENT POSITION:

Type of Institution: Public Private Two-Year Four-Year

Highest Degree Offered in your Dept. Associate Bachelors Masters Doctorate

Your Main Responsibility Teaching Research Administration Other (Specify) _____

Your Subject Matter Responsibility: _____

TEACHING BACKGROUND:

Number of Years Taught at: _____ College _____ Secondary _____ Other (specify) _____

Courses Ordinarily Taught: _____

PREVIOUS CHAUTAUQUA EXPERIENCE: (Course, Center, Year)

REQUIRED STATEMENT OF INTEREST: In the following space indicate why you want to take this course (and alternate). How will you use it back at your home institution (use additional sheets if necessary)?

Signature: _____ Date: _____

How did you learn about this year's program? Printed brochure mailed to you Web Site
 Someone else's brochure Other (Specify): _____

Did you receive a Chautauqua brochure *addressed* to you? _____

Special services or accommodations needed due to disability: _____
