

**Application for the
Faculty Learning Community on Interdisciplinary Learning of the Sciences
2006-2007**

Due Date: May 1, 2006

The purpose of this community is to develop partnerships among faculty members from science and non-science disciplines with the aim of creating and implementing strategies for interdisciplinary teaching and scholarship.

Applicant

Name _____ **Academic Rank** _____
Department _____ **Telephone Number** _____
Division _____ **E-Mail** _____

Co-Applicant/Faculty partner

Name _____ **Academic Rank** _____
Department _____ **Telephone Number** _____
Division _____ **E-Mail** _____

Course titles and numbers you may select for exploring interdisciplinary teaching/content of science and another discipline

1. _____
2. _____

Please attach brief responses to the following questions.

1. List 1-2 reasons for wanting to join the Faculty Learning Community on Interdisciplinary Learning of the Sciences.
2. List 1-2 contributions that you can make to this learning community.
3. Briefly indicate the reasons for your choice of your faculty partner.

**Application for the
Faculty Learning Community on Interdisciplinary Learning of the Sciences
2006-2007**

Signature Page

Due Date: May 1, 2006

Applicant/Co-applicant's Signature

If I am selected as a participant in the **Faculty Learning Community on Interdisciplinary Learning of the Sciences** I agree to participate fully in the community's activities including the investigation, readings, projects, reports, and documents associated with this faculty learning community. I will share the things I learn with faculty outside the community.

Applicant's Signature	Date
-----------------------	------

Co-Applicant's Signature	Date
--------------------------	------

Department Chair's Signature

I endorse the above applicant's participation in the **Faculty Learning Community on Interdisciplinary Learning of the Sciences** and will support the implementation of the curricular and pedagogical work completed.

Signature of Applicant's Department Chair	Date
Signature of co-Applicant's Department Chair	Date

Please send an electronic copy of your application to <bartonm@muohio.edu> and the original copy of your signature page via campus mail to Melody Barton, CELT.