

Writing Intensive Faculty Certification Program Application

Winter - Spring '20

Name (First & Last)	Full-Time or Part-Time*										
BCC Email Address*	Alternate Email	Address									
Imma.Teachin@bcc.cuny.edu	example@example.c	om									
Department*	Office Location	Phone Number*									
	Building, Room #	Office Extension or Cellular #									
1-Briefly explain why you want to be part of the Writing Intensive Faculty Certification Program.											
2-Indicate the course(s) you are in	nterested in developing and design	ating as Writing Intensive.									
Course Number & Name*	Course Number &	Name									

Applicant Certification

By applying for the Winter 2020 Writing Intensive Faculty Certification program, I confirm, commit and certify that:

I have never participated in a Writing Intensive Certification program.

I will attend the on-campus meeting on Thursday, January 23rd, 2020, 10:00am-4:00pm, participate in five additional meetings online via Blackboard, and work with a CUNY Writing Fellow to develop course materials.

Submit a Writing Intensive course syllabus and assignments by the agreed deadline in Spring 2020.

I will teach a Writing Intensive course in Fall 2020 and submit a reflection with samples of student work by the end of that semester.

(Failure to fully participate in meetings and

X									
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(Applicant's printed full name & signature.)

Department Chairperson Approval

By signing below, the Chair recognizes and agrees to having the applicant, if selected, teach a Writing Intensive course during the Fall 2020 semester and also ensure the course is listed as such in CUNYfirst during the associated semester's registration season.

X						

(Department chairperson's printed name & signature.)

Once the form is printed and signed, deliver it to CTLT (CO 226). The form is due by <u>5 pm Friday</u>, <u>December 6th</u>, <u>2019</u>.