



# ACUE Effective Teaching Practices Program Application

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Faculty Name:

School or Academic Department:

College:

Courses you anticipate teaching during Spring and Fall semesters:

Spring						
Fall						

Please describe how your participation in the ACUE Effective Teaching Practices Certification Program will benefit your students, your professional development, and the university in the space below.

## Applicant Statement of Acknowledgment

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I understand that this certification program will require actively participating in coursework, the implementation and reflection of new teaching practices, and a time commitment of at least 3 hours per week for the two semesters I am enrolled in this program.

Yes      No

\_\_\_\_\_  
Applicant Signature

## Director/Department Head Approval

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I support the following applicant, \_\_\_\_\_ for the ACUE Effective Teaching Practices Certification Program.

\_\_\_\_\_  
School Director or Department Head signature