

CMU HONORS PROGRAM

Application for Honors Faculty Status

Successful completion of this Honors Faculty application and support by the Honors Council qualifies the applicant to teach Honors courses and supervise Honors Contracts. Applications should be submitted to the Honors Program office in Powers Hall 104. *Please type or print in dark ink.*

Name: _____ CMU Faculty ID: _____

Department: _____ Faculty Rank: _____

Number of years Teaching at CMU: _____ c-mich e-mail: _____

Full-Member Status: _____ **Provisional Status:** _____

(regular CMU Faculty members – tenure or tenure track)

(temporary faculty members)

1. Please attach or print on the back of the application a brief statement of your **Honors** teaching philosophy.
2. Please provide **two** of the following as evidence of your dedication to creative teaching methodologies that move beyond the traditional lecture format. Check the items below that you are providing. Submit supporting materials with this application.

** Items identified with an asterisk are on file for former Honors faculty in the Honors Program office and need not be attached.*

- a.) _____ Previous Honors course syllabus * or Honors course assignments.
- b.) _____ Previous recent Honors teaching evaluations * or previous teaching evaluation materials from non-Honors classes.
- c.) _____ Written recommendation from one of the following people describing the qualities which make the applicant well-qualified to teach an Honors course; department chair, colleague, or former Honors student (from a previous Honors course or a non-Honors course in which you incorporated non-traditional teaching methods).
- d.) _____ Evidence of supervision of student research and/or creative endeavors (please list students supervised and include a brief description of each project). **Appropriate evidence should demonstrate an ongoing record of student involvement over the past 5 years.**

Research interests (for senior project supervision): _____

SIGNATURES: _____
Faculty Member _____ Date _____

Department Chair – ONLY IF PROVISIONAL STATUS SOUGHT _____ Date _____

Approved _____ Return _____

Honors Program _____ Date _____