

# BYU International Study Programs (ISP)

## Application for Academic Position for Study Abroad

The following information will be used to assess the academic qualifications of an applicant to teach the prescribed curriculum. ISP will consider other criteria and needs before making a recommendation.

### PERSONAL

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Rank/Degree \_\_\_\_\_ Department \_\_\_\_\_ College \_\_\_\_\_

For which program do you wish to be considered? \_\_\_\_\_

Names and birthdates of accompanying children \_\_\_\_\_

List relevant travel experience \_\_\_\_\_

\_\_\_\_\_

### PROFESSIONAL

For which "core" area do you feel best qualified?

European Studies \_\_\_\_\_ Humanities/Fine Arts \_\_\_\_\_ Language/Literature \_\_\_\_\_

Please summarize your experience with this curriculum \_\_\_\_\_

\_\_\_\_\_

What "retooling" would you anticipate for this assignment? \_\_\_\_\_

\_\_\_\_\_

Related Teaching Experience \_\_\_\_\_

Describe your relevant foreign language competency \_\_\_\_\_

Please attach a VITA and/or a statement outlining your qualifications in response to the needs outlined in "Faculty Selection Priorities and Procedures" (available through ISP). Please describe the type of assignment that you are seeking and when you could be available; including a preference for when it would be most convenient for you and your family.

REFERENCES

Please list the names of three persons who would be able to help evaluate your application.

<u>Name</u>	<u>Department or Position</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Your Department Chair's Signature\*

\_\_\_\_\_  
Your Academic Dean's Signature\*

\*Signature of Department Chair and Academic Dean indicates approval and support of faculty member's participation in a Study Abroad program.

APPROVALS

Recommendations/conditions:

“Retooling” requirements:

Recommending action (if other than approval):