



**2008-2009 Application for New Teacher Training
Perkins Professional Development Institute**

The following postsecondary teacher agrees to participate in the four-week E-learning class and two required on-site sessions. The training will prepare instructors to actively engage students in the learning process and to effectively assess student learning.

Teacher's Name: _____

Institution/Tech Center: _____

Department: _____

Mailing Address: _____

City: _____ **ZIP:** _____ **County:** _____

Contact Person: _____

E-mail Address: _____

Phone: _____ **Fax:** _____

Teacher's Hire Date: _____

Teacher Signature

Date of Application

Technical Center Director/Occupational Dean Signature

Date Approved

Dr. Cheryl Fante, Perkins PDI Director Signature

Date Approved