

Application Form

ATE Program for Physics Faculty*

A Project of Lee College (TX), Estrella Mountain Community College (AZ), and the National Science Foundation**

Participant Notification Dates: The notification date of selected participants is at least 30 days prior to workshop.

♦ **Apply early since participant selections may be made earlier for well-qualified applicants** ♦

Apply by:

Fax
281-425-6846

Mail
ATE Program for Physics Faculty
Physical Sciences
Lee College
P. O. Box 818
Baytown, TX 77522-0818

Workshops/Conferences:

- September 25-27, 2008 Virtual Instruments and Control Systems Workshop (VICS) at Southeast Community College, Lincoln, NE
- November 13-15, 2008 Tools for Introductory Physics Workshop (TIP) at Lee College, Baytown, TX

Site, type, and year of most recently attended TYC/HS Physics Workshop(s) or relevant AAPT/PTRA workshops:

Site: _____ Type: _____ Year: _____

Site: _____ Type: _____ Year: _____

(Please print clearly or type all information)

1. Name

(_____) _____
Title Last First Middle Initial Preferred First Name

Are you a member of a "team" applying for this workshop? No _____ Yes _____

Who is (are) the other member(s) of the team?

Name: _____ Institution _____

Name: _____ Institution _____

2. Institution Name _____

Institution Mailing Address _____

_____ City State ZIP

Institution Phone (_____) _____ ext _____

Fax (_____) _____ e-mail(work) _____

* For more information call (281) 425-6522, email tokuma@lee.edu, or check <http://www.physicsworkshops.org>.

** NSF grant # 0603272 from the Division of Undergraduate Education of the Advanced Technological Education Program

3. Home Mailing Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ e-mail (home) _____

4. Racial/Ethnic Background: White/not Hispanic _____ Black _____ American Indian _____

Hispanic _____ Asian _____ No Disclosure _____

5. Sex _____ M _____ F

6. Are you a citizen of the USA? Yes _____ No _____ If no, what country are you a citizen of? _____

If you are in the USA on a permanent visa, give visa number _____

7. Number of years of full-time teaching at current institution _____ and any previous institutions _____

8. Number of physics semester contact hours/credit hours taught last year:

(include evening, overloads, summer) _____ hrs Percent of Load _____ %

9. Estimate the percentage of students who are technological/technical students in

your physics classes _____ % in all your classes _____ % at your institution _____ %

List typical programs of study:

10. Highest Degree Earned _____ Major _____

Name and Location of this Institution _____

11. Number and type of computers used in physics:

12. Statement of interest and expected impact for each workshop (may include separate pages for each workshop):***

*** Mail Applications to: ATE Program for Physics Faculty, Physical Sciences, Lee College, P. O. Box 818, Baytown, TX 77522-0818 (or Fax 281-425-6846)

Institution's Administrator Support

2006-2009 ATE Program for Physics Faculty

A Project of Lee College (TX), Estrella Mountain Community College (AZ), and the National Science Foundation

_____ of our institution is applying to participate in your ATE Program for Physics Faculty.
(applicant's name)

Our institution encourages and supports our applicant's participation in these workshops. Our applicant is currently teaching full-time with a teaching load of at least one course in physics. In addition, we expect to assign our applicant to teach physics each semester during the next two academic years. If selected, we would support efforts by our applicant to implement the workshop materials and concepts.

Also, if our applicant were to be selected as a participant, we would make it possible for the applicant to attend and participate in the workshop. The institution will provide some support for travel to attend the workshop in addition to providing the necessary substitutes and released time for our participant. (You may also attach an optional additional statement of institutional support.)

Administrator's Signature _____ Date _____

Administrator's Name (Printed) _____

Title/Position _____

Telephone Number (_____) _____ ext. _____

Institution size (headcount) _____

Nature of institution (rural, large city, etc.) _____

Type of students _____% women _____% minorities _____% disabled

Technological /Technical Programs at your college/high school :

_____ # of programs _____ % students

List major Technological /Technical programs that include physics:

Additional comments: