Elevate Fellows Program Collaboration Agreement

Applicants should sign ONE of the options below, based upon the shared teaching responsibilities for the course that the propose to redesign. Note that your department chair should affirm this statement in their letter of support for your application.

Sole contributor to course redesign

I, ________________________________ am the sole Instructor for the proposed redesign of __________________________ and do not require the support of additional collaborators for adoption of the redesigned course structure.

___________________________________________  ____________
Signature of Applicant                        Date

OR

Collaboration required in course redesign

I, ________________________________ am a co-Instructor or Program Coordinator for the proposed redesign of __________________________. By signing below, the other instructors of the course agree to fully adopt the course redesign of __________________________ in __________________________ semester(s) and to provide evidence of adoption and associated outcomes for the course redesign pilot report. (Attach additional signatures, if necessary)

___________________________________________  ____________
Signature of Applicant                        Date

___________________________________________  ____________
Signature of co-Instructor                    Date

___________________________________________  ____________
Signature of co-Instructor                    Date

___________________________________________  ____________
Signature of co-Instructor                    Date

___________________________________________  ____________
Signature of co-Instructor                    Date