



PROGRAM FOR INDIVIDUALIZED LEARNING

COMMUNITY FACULTY APPLICATION

STUDENT INFORMATION

Last Name	First	Middle	Academic Adviser
Project Title			

COMMUNITY FACULTY INFORMATION

Last Name	First	Middle	Rank/Title	
Institution/Employer				
Street Address				
City			State	Zip Code
Work Phone	Home Phone	Email Address		
Interest and background that relate to this project				

Community Faculty applicant's signature date

PLEASE RETURN FORM WITH A RESUMÉ OR CURRICULUM VITAE

PLEASE RETURN TO:

Program for Individualized Learning
University of Minnesota
20 Ruttan Hall, 1994 Buford Avenue
St. Paul, MN 55108

For Office Use Only:

Adviser approval _____
(initial/date)
Resume received _____
(initial/date)
Accept. Letter sent _____
(initial/date)