Provost's Fellowship in the University Libraries at CU Boulder Fellowship Application Form Applications due October 31

Name	Date
Local Address	
Local Telephone E-m	nail
Home Department	
Expected Date of Graduation	PhD / Masters (<i>Circle one</i>)
academic year to serve as a fellow and re	(Circle one) If yes, what percent TA/RA/GPTI/GA
	ous (TA/RA/GPTI/GA) that may restrict the number of
Languages (<i>Specify reading/writing and sp</i>	eaking competencies)
Indicate the subject area(s) you are interes	ted in:

Acquisitions	 Library Instruction
Assessment	 Preservation
Archives	 Public Relations
Cataloging	 Reference Services
Collection Development	 Special Collections
Digital Libraries	 Systems/Information Technology
Electronic Resource Mgmt	 Usability Studies
Government Information	 Other:

Please indicate the types of activities in which you would like to participate (mark all that

Library Faculty members will conduct interviews with the strongest candidates in November.

Your application will be processed as soon as this form and the following items are submitted to the Graduate Teacher Program in 201 ATLAS.

- 1. This Fellowship Application Form.
- 2. Departmental Approval Form.

apply):

- 3. Current résumé or Curriculum Vitae (CV)
- 4. CU Boulder transcript (photocopies OK) or current course schedule.
- 5. A record of participation in GTP activities, if applicable (available in the GTP office)
- 6. A letter of application with expression of areas of interest in working in a particular area of the University Libraries.

Please note: Finalists will be interviewed by the Library Faculty members.

Please read the following and sign:

I understand that as a **Provost's Fellow in the University Libraries at CU Boulder**, I am expected to respond to emails, meet with my mentor, attend required meetings, complete my mentorship plan and the agreed up activities, and complete the PDC:PFF.

I understand that my status as a **Provost's Fellow in the University Libraries at CU Boulder** is contingent upon my active participation and that the Graduate Teacher Program/COPFFN reserves the right to cancel my status and financial support as appropriate if I do not fulfill the obligations noted above.

Applicant			
Name: _		 	
Signature:		 	
GTP/COPFFN	Director		
Name: _		 	
Signature:			