



### Experiential Learning Faculty Fellows Application

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department/College: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Years of Service at UTC: \_\_\_\_\_

Please describe your interest in participating in this Fellows experience.

Please describe the class you would like to apply to receive experiential learning designation.  
*Note: this class must be planned to be taught during the Fall 2019 semester.*

What other UTC classes and experiences familiar to you seem suitable for this designation?  
Please see our class designation list for examples of currently designated classes and experiences at: <http://www.utc.edu/think-achieve/beyond/courses.php> and <http://www.utc.edu/think-achieve/beyond/experiences.php>

Applicant Signature: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_