****

**Duke AHEAD**

**Certificate Program Faculty Nomination Form**

|  |
| --- |
| Applicant Name:  |
| Email address:  | Telephone Number:  |
| School/Dept. |
| Faculty Title:  |
| Years on Faculty:  |
| Statement of Interest (300 word maximum):* Indicate why you’re a good candidate
* Goals for this completing this program
* How this program will enhance your development as an educator
 |
| * Please attach your CV to this application.
* Please attach a letter of recommendation from department chair or equivalent.
 |