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**Duke AHEAD**

**Certificate Program Faculty Nomination Form**

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| 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. | |