

SPOELHOF FACULTY EXTERNSHIP APPLICATION

CALVIN
College

Your name _____ Date _____

Proposed business affiliation _____

Contact official at the business _____

Official's business address _____

Business phone _____ Business fax _____

Contact official's e-mail address _____

Time frame for the externship _____

- On an attached page describe the planned responsibilities.
- On an attached page describe the externship's potential contribution to your growth as a teacher, student advisor and scholar, the anticipated benefits to your department and the college, and the expected benefits to the business firm.
- Attach a summary vitae to the application.

Faculty member: I commit to sharing this experience after its conclusion via a written report for the Spoelhof Institute Advisory Board and my business supervisor as well as the delivery of an appropriate campus seminar.

(Signature and date)

Department chair: I support this proposal and will find a replacement instructor during the externship.

(Signature and date)

Business official: We endorse and support the faculty externship described in this application.

(Signature and date)