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Subject: Department Chair Approval for the Active Learning Certificate Program

To: eCampus and the Center for Faculty Development

Re: Approval to participate in the Active Learning Certificate Program

I, _____, the undersigned applicant have read the proposal criteria and program requirements and agree to participate in all activities if selected. The course I have proposed is _____ (course name and number). This course will be taught during the _____ term in _____ (year).

The undersigned Department Chair certifies knowledge of this proposal and agreement that the award obligations can be fulfilled.

Applicant Signature

Date

Department Chair Signature

Date

Department Chair Printed Name

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