

SOUTHERN CONNECTICUT STATE UNIVERSITY  
**Faculty Retraining Program**  
**Application Form**

Completed applications should be sent to Dr. Maria Diamantis ([diamantism1@southernct.edu](mailto:diamantism1@southernct.edu))  
Chair, University Faculty Retraining Committee

Name of Applicant	
Academic Title	
Length of Service at SCSU	
Campus Address	
Campus Phone	
Home Address	
Home Phone	

**Formal Education:**

Institution	Major	Minor	Degree	Dates

**Academic Service: (Answer where applicable)**

	Currently	After Retraining
School or Division		
Department		
Program		
Sub-Discipline		

**Academic and Professional Experience (beginning with most recent):**

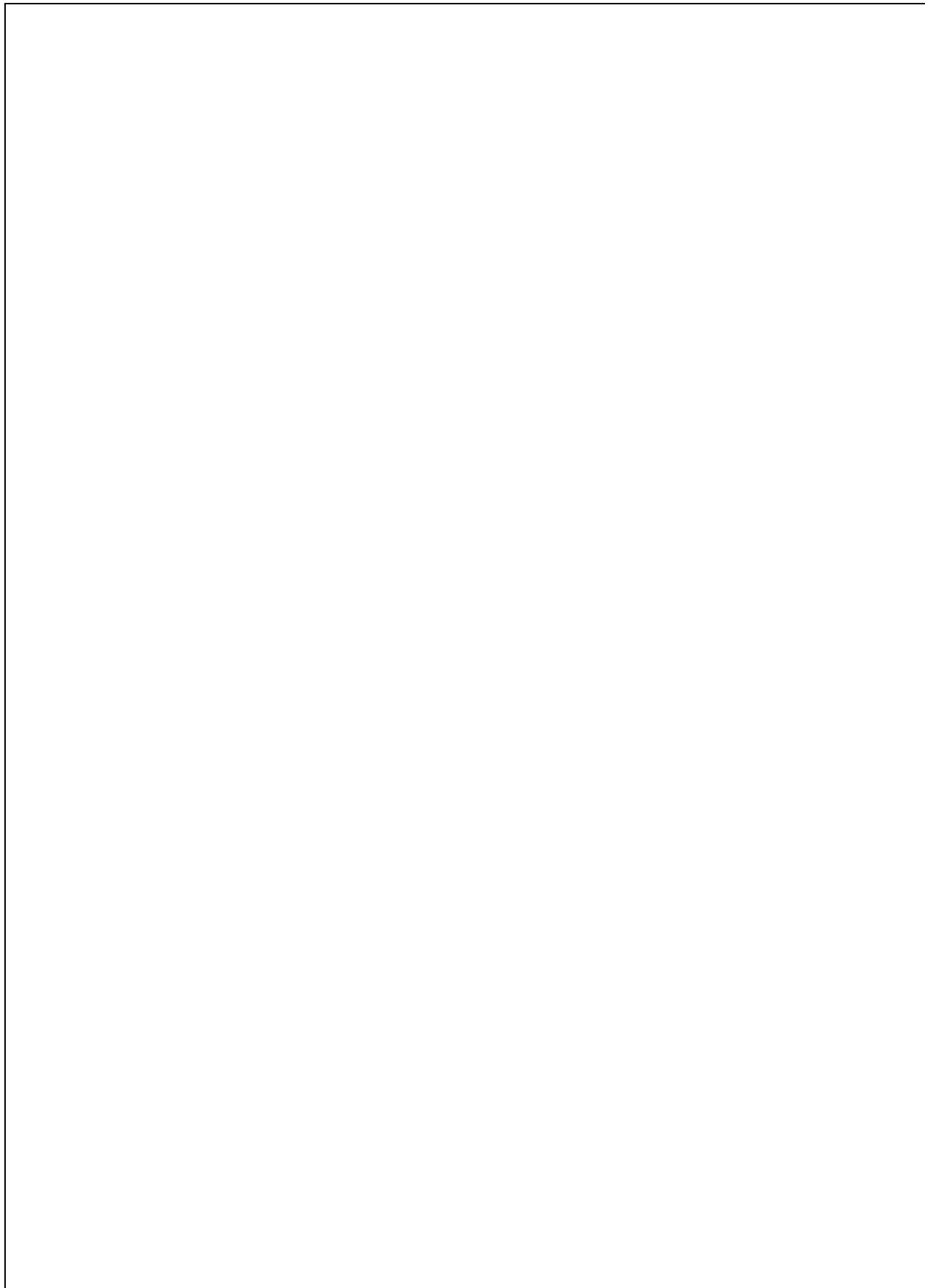
Academic and Professional Experience	Position	Years

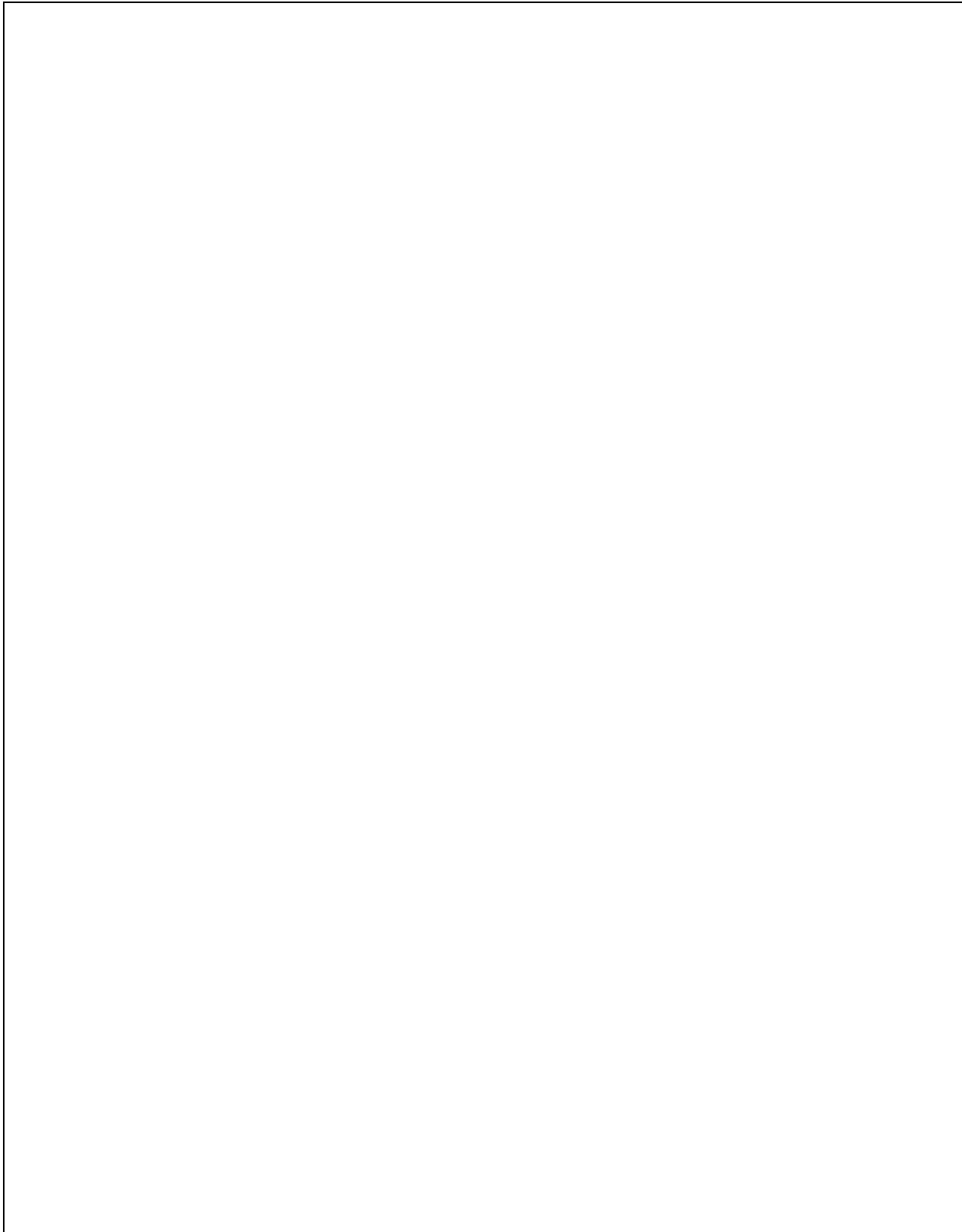
<b>Courses Applicant Has Taught</b>	<b>How Recently</b>

Describe the nature of the proposed training program. Include:

1. goals
2. detailed program by location and semester
3. how program is related to goals
4. any requests for release time and financial or other assistance  
(please itemize these requests)
5. dates between which retraining will be completed
6. names of institution(s) where retraining will take place.

If the retraining period extends beyond one fiscal year, the proposal would indicate approximately how much assistance is needed in each fiscal year. If a leave of absence is requested, include a description of how your current duties will be performed during the leave period. Attach sheets if necessary.





\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date