

2024-2025 UF/Santa Fe College Faculty Development Project

Application Deadline: Friday, June 7, 2024 at 5 p.m.

The **UF/Santa Fe College Faculty Development Project** is a partnership between the University of Florida and Santa Fe College that aims to increase faculty diversity of thought at Santa Fe College (SFC) while providing doctoral students at UF with valuable teaching experience.

Participants teach one course per semester in the fall and the spring at SFC and assist in its recruitment and retention of graduate students.

This program covers tuition, fees, and a stipend from UF, along with additional monetary compensation from SFC. It may be funded for a maximum of three years.

To apply, you must have a master's degree and have reached candidacy.

You cannot hold any other teaching assistantship while on this award (however, research assistantships up to 0.25 FTE are allowed).

To be considered for this award, you must:

- Complete and submit this application and submit it to the UF Office of Graduate Student Support & Engagement.

Required materials: Your application package must include...

- All pages of this application form.
- Letter of interest:
 - First-time applicants: Explain your interest in the program and how it could impact your career success.
 - Returning applicants: Explain what you gained from your SFC teaching experience, why you want to continue in the program, and how you plan to elevate your teaching and learning skills if chosen for this program again.
- Up-to-date résumé or curriculum vitae.
- Recommendation letters:
 - First-time applicants: Three letters about your teaching experience or potential for teaching.
 - Returning applicants: Two letters (one from your supervisory committee chair at UF and one from your supervisor at SFC), supporting your continued participation in this program.
- Official transcripts of all college work. Unofficial transcripts will be accepted if all of your degrees are from UF. Official transcripts will be required for Santa Fe and a background check conducted before any offer can be made.

Submission: Email your application package as a **single PDF file** to grad-support@ufl.edu or mail it to:

UF Office of Graduate Student Support & Engagement
Graduate School
123 Grinter Hall · POB 115500 Gainesville FL 32611

Questions? Please email OGD at grad-support@ufl.edu or telephone 352 392 6444 or toll-free 1 800 753 9798.

Please keep a copy of this form and your application materials for your own records.

| PERSONAL AND CONTACT INFORMATION | | | |
|-----------------------------------|------------------------------------|--------------------------|------------------|
| UFID Number | Name (Last, First, Middle Initial) | | |
| Mailing Address | | | Apartment/Unit # |
| City | | State | Zip Code |
| Area Code and Telephone | | Email | |
| Date of Birth | Citizenship | | |
| Ethnicity | | If other, please specify | |
| ACADEMIC INFORMATION | | | |
| College | | Department | |
| Department Telephone | | Graduate Coordinator | |
| Supervisory Committee Chair: Name | | | Email |
| Overall GPA | Years at UF | Years to Graduation | |

Financial Information: Below, list any and all funding you will receive this academic year: fellowships, assistantships, tuition waivers, internal or external grants, scholarships, outside employment, etc. Attach copies of any award letters. **Use additional sheets if needed.**

| EMPLOYMENT | | |
|----------------------------------|------------|-----------|
| Employer | Position | |
| Salary | Start Date | End Date |
| PRIOR UF GRADUATE SCHOOL FUNDING | | |
| Funding Type | Term/Year | Amount \$ |
| Funding Type | Term/Year | Amount \$ |
| Funding Type | Term/Year | Amount \$ |
| INTERNAL OR EXTERNAL FUNDING | | |
| Funding Type | Term/Year | Amount \$ |
| Funding Type | Term/Year | Amount \$ |
| Funding Type | Term/Year | Amount \$ |

SUPERVISORY COMMITTEE CHAIR, DEPARTMENT, AND COLLEGE SIGNATURES

By signing below, you signify your support of this student's participation in the UF/Santa Fe College Faculty Development Project:

| | | |
|---|-----------|------|
| Supervisory Committee Chair Name (Type or print) | Signature | Date |
| Department Chair/School Director Name (Type or print) | Signature | Date |
| College Dean Name (Type or print) | Signature | Date |

APPLICANT SIGNATURE

Name

By signing this application, I confirm that the information provided on this form is complete and accurate. I understand that any portion of the application package that is incomplete will disqualify my application from consideration. I also acknowledge that if I purposely provide any false information in my application package, I may be subject to fine, imprisonment, or both under 837.06 Florida Statute.

Signature **Date**

OFFICE USE ONLY

Decision

Notes

Signature **Date**