

Online Teaching Academy Application

1. Please complete the following application to be considered to participate in the Online Teaching Academy.
2. Participants will complete 5 masterclasses scheduled for: September 5, 2018; October 5, 2018; November 30, 2018; February 22, 2019; and March 22, 2019.
3. Participants will prepare a presentation with their individual groups and present about the project they worked on at the graduation luncheon in April 2019.
4. For more information about the program or to submit your application, please email onlineinstruction@semo.edu,

General Information

Faculty Name: _____ SO #: _____
College: _____ Department: _____
Email: _____ Telephone: _____

Faculty Information

If accepted to the Online Teaching Academy, what would be the biggest take-away you would hope to get from the program:

How many years have you taught at Southeast? _____

Have you ever taught a fully online course before (Circle One)? Yes or No

If yes, how many years' experience do you have teaching online (at Southeast or otherwise)? _____

If you selected "No", please explain why:

Faculty Agreement

- I agree that I must prepare, and take a part in a project with the individual group I am assigned to.
- I agree that I must attend all 5 masterclasses and the OTA Graduation.
- I understand that to graduate from the OTA program I must attend all 5 masterclasses and take part in the team project. Failing to do so could mean that I do not graduate from the program, that I will not be allowed to use this experience as a line item in my promotion and tenure document, and that I will not be eligible for the Provost's Award of Excellence in Online Teaching.

Faculty Print Name: _____ Faculty Signature: _____ Date: _____

Department Chairperson Approval

- I approve of the applicant's participation in this program and support the time commitment that it entails.
- I confirm this faculty member can miss regular duties to attend all 5 masterclasses and the OTA Graduation.

Department Chair Print Name _____ Signature _____ Date _____

Dean Approval

Dean Print Name _____ Signature _____ Date _____

Southeast Online Acknowledgement

Southeast Online Representative Print Name: _____ Signature: _____ Date: _____

Once the form is completed and all signatures obtained, please submit to onlineinstruction@semo.edu by August 15th, 2018.