

Transforming Teaching

Application Form

Personal Information	
Last Name	First Name
College	Number of years teaching at USask
Department	NSID
Campus Address	Campus Phone
Email Address	Alternate Phone
How did you hear about this course?	
Please check all that apply University Calendar Teaching.USask Website PAWS Other: _____ <small>Please describe here</small>	
Questionnaire	
Why do you want to take this course?	
How do you hope this course will benefit your teaching? What do you hope to take away from this course?	
Are there any specific teaching and learning issues from your discipline that you would like to see addressed during this course?	

What are your career aspirations?	
Teaching Experience	
Please tell us something interesting about your previous teaching experience and give us an idea how much experience you have teaching.	
Please list any classes/workshops/conferences or any other professional development related to teaching and learning that you have attended at USask or other institutions.	
Additional comments:	
Office Use Only	
Date Received	Approved

Completed application forms must be submitted by email to:
 The Gwenna Moss Centre for Teaching and Learning
gmctl@usask.ca

