TEAM CONTACT FORM

Instructions: Please complete both pages of this form and upload it with your application. The senior administrator on the campus team should affirm at the end of the form that *all* members of the proposed team are aware of their responsibilities (as listed on the <u>Call for Institutional Partners</u>) should the institution be selected to participate in the Consortium. Please contact Philip M. Katz at <u>pkatz@cic.edu</u> or (202) 552-8988 with any questions or concerns.

Institution:

Faculty Members

Primary responsibility: develop and offer courses that incorporate virtual work-based learning experiences, using the Riipen online platform.

learning experiences, using the Rilpen online platform.		
Faculty Champion 1		
Name:		
Title (or Academic Rank):		
Department (or Division, School, Program, etc.):		
Email address:	Phone:	
Faculty Champion 2		
Name:		
Title (or Academic Rank):		
Department (or Division, School, Program, etc.):		
Email address:	Phone:	
Faculty Champion 3		
Name:		
Title (or Academic Rank):		
Department (or Division, School, Program, etc.):		
Email address:	Phone:	

TEAM CONTACT FORM (CONTINUED)

Career Services Representative

Date:

• • • • • • • • • • • • • • • • • • • •	c curricular and co-curricular activities developed as part campus events and the development of a pilot program
Name:	
Title:	
Email address:	Phone:
Institutional Research Representate Primary responsibility: work closel collect appropriate data about student	y with an outside evaluator and Riipen to identify and
Name:	
Title:	
Email address:	Phone:
Senior Administrator Primary responsibility: ensure ong primary liaison with CIC.	oing institutional support for the project and serve as the
Name:	
Title:	
Email address:	Phone:
development of our institution	nembers listed on this form were consulted during the is proposal, and that they understand their obligations and to participate in the TX-WBL Consortium
Signature or initials of the Seni	or Administrator: