

**Hunter College Department of Biological Sciences
HHMI-USEP**

APPLICATION FOR SUMMER 2016 LABORATORY WORKSHOP IN BIOLOGY EDUCATION

NAME (please print) _____ **SS#** _____
Mr., Ms., Miss, Mrs., Other _____ (circle or indicate title)

HOME ADDRESS _____ **APT.** _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE (home) _____ (mobile) _____

EMAIL ADDRESS _____ **Date of Birth** _____

ETHNICITY (for statistical purposes only) AFRICAN AMERICAN__ ASIAN__ HISPANIC__ NATIVE-ALASKAN__ INDIAN__ NATIVE AMERICAN__ CAUCASIAN__ OTHER _____
(please indicate)

SCHOOL AT WHICH YOU ARE CURRENTLY TEACHING

YEARS AT THIS SCHOOL _____ **YEARS OF TEACHING** _____ **GRADES TAUGHT** _____

TEACHING LICENSES HELD _____

SUBJECTS WHICH YOU ARE CURRENTLY TEACHING _____

OTHER SUBJECTS YOU HAVE TAUGHT (give dates)

SCHOOL ADDRESS _____

NAME OF ASSISTANT PRINCIPAL (please print) _____

NAME OF PRINCIPAL (please print) _____

SIGNATURE OF PRINCIPAL _____

PLEASE GIVE NAMES AND PHONE NUMBERS OF TWO TEACHING REFERENCES

1. _____ TEL: _____

2. _____ TEL: _____

On a separate sheet please discuss the benefits you expect from this workshop for yourself, your students, and your school. Please type your response.

Please return completed application to: Dan Kleinman, HHMI Administrator, room 927N, Department of Biological Sciences, Hunter College, 695 Park Avenue, New York, NY 10065
Telephone: 212-772-5297 Fax: 212-772-5227 Email: kleinman@genectr.hunter.cuny.edu