



Academic Leadership Academy

Chair/Director Endorsement

Applicant's Name: _____

College: _____

Department/School/Unit: _____

The faculty member named above has applied for the Academic Leadership Academy. This program will meet once a month on the following dates and times:

Fall 2022 Semester	Spring 2023 Semester
Friday, August 26, 9:00-11:00 a.m.	Friday, January 20, 9:00-11:00 a.m.
Friday, September 16, 9:00-11:00 a.m.	Friday, February 17, 9:00-11:00 a.m.
Friday, October 14, 9:00-11:00 a.m.	Friday, March 3, 9:00-11:00 a.m.
Friday, November 18, 9:00-11:00 a.m.	Friday, April 7, 9:00-11:00 a.m.
Friday, December 2, 9:00-11:00 a.m.	Friday, April 21, 9:00-11:00 a.m.

As the **Chair/Director** of the applicant, please provide Faculty Excellence with your recommendation for this applicant to participate in the leadership program.

- I rank this applicant's career leadership potential as:
 Excellent Above Average Average
- Does this applicant have the time to participate in a monthly leadership program?
 Yes No
- Any concerns to note:

Chair/Director Name: _____

Signature: _____ Date: _____

Please select one of the following:

- Support Support with Reservations Do Not Support