# Contact Information

Q01. **What is your FIRST NAME?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q02. **What is your LAST NAME?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q03. **What is your SU EMAIL address?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *Example: Sammy Sea Gull's SU email is ssgull@salisbury.edu*

Q04. **What is(are) your DEPARTMENT, OFFICE, and/or UNIT NAME?**

# SoTL Fellow Information

Your responses to the following questions will be used by the SoTL FLC’s application review sub-committee. Alignment with the criteria from the SoTL Fellowship Application Rubric, which is available for applicants' review and [linked on this website](https://www.salisbury.edu/administration/academic-affairs/university-analysis-reporting-and-assessment/assessment-resources/sotl-flc.aspx#SoTL-Fellowship), is provided parenthetically after each question.

Q05. **Please describe your INTEREST AND EXPERIENCE IN ASSESSMENT OR SoTL (150 words**; A1, A2, B1, B2**).**

Q06. **WHICH OF THE FOLLOWING are you interested in pursuing as a SoTL Fellow?** (A2, B2) *Choose all that apply*

* Developing and/or advising on assessment or SoTL methods
* Designing and/or conducting data analysis projects, including: qualitative, quantitative, or mixed methods
* Evaluating or improving equity-based assessment or SoTL at SU
* Improving the communication of assessment or SoTL results
* Summarizing how assessment or SoTL results have been used to improve student outcomes
* Generating website content for assessment or SoTL resources and best practices
* Implementing UARA-suggested projects
* Using technology in teaching
* Assessment, best practices, or other SoTL-related efforts supporting the continued transition to online and [resilient teaching](https://www.insidehighered.com/blogs/learning-innovation/laying-foundation-resilient-teaching-community) and learning
* Advising relevant stakeholders on implementation and/or improvement strategies
* Other **(PLEASE DESCRIBE)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q07. **At which LEVEL(S) will your project impact others?** (E2, E3)  
*Choose all that apply*

▢   Course

▢   Program

▢   Institution

▢   Discipline (the field or practitioners in the field, beyond the institution)

Q08. **Which of the following describes the TYPE of project you are proposing?** (C1, E1-4)*Choose all that apply*

▢   Literature review

▢   Research project (for external publication or presentation)

▢   Course or program assessment

▢   Course or program intervention development

▢   Request for professional development or resources for self

▢   Providing professional development or resources for others

▢   Other **(PLEASE DESCRIBE)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q09. **Which of the following BEST describes the CURRENT STATUS AND SCOPE OF IMPACT of your proposed project?** We ask this because we would like to support a range of projects with outcomes and impacts of an emergent and smaller scope, as well as those that may generate publications. (C1)

* **Emergent:** this project is still in the planning phase, will likely be used to generate data and outcomes for internal (small scope) use only, and might not be pursued without support
* **Intermediate:** preliminary steps required to be able to start the project have been completed, it may or may not be a project fit for publication, and it is unclear if it can be realized to its full potential and completed without support
* **Established:** the project is already underway, it is expected to result in outcomes that will be published in the literature, and it is unclear if it can be realized to its full potential and completed on schedule without support
* **Other:** if none of the above are applicable to the current status and scope of impact of your proposed project, then please provide further details in the following project proposal description question

Q10. **Please provide a description of your proposed SoTL FELLOW PROJECT, including its question(s) or goal(s) (500 words**; C1-3, D1-3, E1-4**).**

Q11. **Please provide THE NAME AND EMAIL ADDRESS OF AT LEAST ONE individual that we can contact regarding a recommendation for you for the SoTL Fellowship program that can address one or more of the following** (G, only as needed)**:**

* Your interest in the SoTL Fellowship program
* Your engagement, involvement, and/or dedication to similar scholarly projects or collaborations
* Your assessment or SoTL background

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Name Email