**Intellectual Foundations Oversight & Assessment Committee**

**Interest Form**

* If you wish to serve on an Oversight and Assessment Committee for a two or three-year term, please complete the form below. Place a **check** next to the name of the committee of your interest. If you are interested in serving on more than one committee, place a number next to the committee(s) to indicate your first and second choice.
* The Associate Deans, will help make decisions regarding committee membership.
* Return completed forms to the Associate Dean of the appropriate school or to Amitra Wall, Interim Associate Provost, Grover Cleveland 519.

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**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Campus Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Campus Dept.** \_\_\_\_\_\_\_\_\_\_\_\_

**Campus Affiliation: \_\_\_\_\_\_\_\_\_\_\_ Campus E-mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check one:** ­­­\_\_\_**Assistant Professor** \_\_\_**Associate Professor** ­­­\_\_\_**Full Professor** \_\_\_**Lecturer** \_\_\_**Professional Staff** \_\_\_**Faculty Librarian**

**Have you taught a general education course in the past three years?**

\_\_\_**Yes** \_\_\_ **No If so, for Which Category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you interested in serving as a committee chair?** \_\_\_**Yes** \_\_\_ **No**

***Arts*** *\_\_*

***Humanities*** *\_\_\_*

***Natural Science*** *\_\_\_*

***Social Science*** *\_\_\_*

***American History*** *\_\_\_*

***Western Civilization*** *\_\_\_*

***Non Western Civilization*** *\_\_\_*

***Critical Thinking*** *\_\_\_*

***Information Management*** *\_\_\_*

***Math & Quantitative Reasoning*** *\_\_\_*

**Diversity** \_\_\_

**Writing** \_\_\_

***Foreign Language/Global Engagement­*** *\_\_\_*

**Oral Communication** \_\_\_