



Faculty Service Form

Faculty Name: _____

Department: _____

Position:

- ☐ Tenured Faculty ☐ Tenure-Track Faculty
☐ Non Tenure-Track Faculty (Instructor/Lecturer)
☐ Adjunct Faculty ☐ Graduate Assistant Teacher
☐ Other (please specify): _____

Contact Information:

Email: _____

Work Phone Number: _____

Service Interest (select all that apply):

☐ **Community of Learning Leader**, Topic (please specify):

Community of Learning Preferred Formats (select all that apply):

- ☐ Blog ☐ Lunch & Learn Session (public or private)
☐ Open Lab Session (open to public) ☐ Reserved CFEI Space (private)

☐ **Professional Development Presenter**, Topic (please specify):

☐ **Lunch & Learn Leader**, Topic (please specify):

Schedule Preferences (select all that apply):

Monday		Tuesday		Wednesday		Thursday		Friday	
a.m.	☐	a.m.	☐	a.m.	☐	a.m.	☐	a.m.	☐
lunch	☐	lunch	☐	lunch	☐	lunch	☐	lunch	☐
p.m.	☐	p.m.	☐	p.m.	☐	p.m.	☐	p.m.	☐
evening	☐	evening	☐	evening	☐	evening	☐	evening	☐

Please complete and email this form to CFEI.FacultyDev@tamuc.edu or fax to 903-886-5991.