FACULTY OMBUDS SERVICES

(Click on embedded hyperlink above for further information)

Application

Date

Name

Title

Department

College

Phone Number

Name of Dean

Email

Fax

What is your preferred method of contact?

***Please keep all responses to 250 words or less.

OBJECTIVE

What are the key elements of a faculty Ombuds program?

How would you support the key elements, if selected for the position?

What abilities and experiences can you bring to this position?

Share your understanding and thoughts on shared governance.

Describe a difficult work situation and how you overcame it.

QUALIFICATIONS

What qualifications do you possess that might enhance your role as a faculty Ombuds Officer?

What are your current office hours?

Do you currently have a course release?

- ◯ Yes
- ◯ No

Would you be available by appointment during the summer months?

- ◯ Yes
- ◯ No

This position requires attendance at professional development conferences and continued education coursework; thus, requiring a five commitment. If selected, are you and your Dean willing and able to accept this type of commitment?

- ◯ Yes
- ◯ No

Please submit your application to the University Compliance Office by Friday, May 5th.