

**Application Form, QELP 2002 Workshop
Seattle, Washington
17-20 June 2002**

Name _____

Division or Department _____

School _____

Street/PO _____

City _____ State _____ Zip _____

Email _____

Phone _____ Fax _____

Teaching Discipline(s) _____

I plan to attend (check one) _____ by myself

_____ with another faculty whose name and discipline are:

(fellow faculty should send in their application too!)

On an additional sheet of paper, please describe:

- your interest and experience in teaching interdisciplinary courses.
- what you would like to see in the workshop, or get out of the workshop

Please remember that the deadline for this application is 1 February, 2002. Thanks!

Mail to:

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Division of Science and Mathematics
Seattle Central Community College
1701 Broadway, Seattle WA 98122

Fax to:

Attn.: Joe Hull
206-587-3837