

Core Communication and Couple Communication I & II INSTRUCTOR WORKSHOP APPLICATION For College/University Professors

To attend a complimentary workshop (and receive adoption review materials there) – please provide the following information (please print or type):

| | | | |
|--|-----------------|-------------------------|-------------|
| Workshop Choice (location): | | Dates I wish to attend: | |
| My interest is with the course material for: | ___ Individuals | ___ Couples | Or ___ Both |

Applicant Information:

| | | | |
|--|---------------------------|--|--|
| Name: | | Position: | |
| School: | | Department: | |
| Address: | | City/State/Zip: | |
| Office Phone: | | E-Mail Address: | |
| Office Hours: | | | |
| Course Title (for adoption consideration) and Number: | | | |
| Annual Enrollment: | Course Start Date: / / | Course Offered: ___ Fall ___ Winter ___ Spring ___ Summer | |
| What text(s) are you using now? | | | |
| Text: | | Author: | |
| What, if any, experience do you have with interactive-experiential teaching? | | | |
| What does your department currently offer as unit, lab, or course in applied communication skills? | | | |

If there is a need for more than one professor to teach several sections, do you know of another faculty colleague who would also like to attend the workshop with you? ___ Yes ___ No

If so, please enter his or her name, phone number, and e-mail address and we will contact the person(s).

Adoption decision made by: ___ Myself alone ___ Committee ___ Someone other than myself

Text Decision Date: / /

Please list names:

I have discussed the workshop and possible adoption with my department chair and he/she supports my attendance at this workshop to receive training and consider adoption of these materials.

Name of Department Chair: _____

Signature of Department Chair

Date

Signature of Applicant

Date

Please contact The RIDGE Project if you have any questions about the scholarship, training, or materials.

Phone: 800-328-5099 / 419-278-0097 or Email: info@theRidgeProject.com

www.comskills.com or www.couplecommunication.com

Please Mail or Fax this application to:

Communications Programs
The RIDGE Project, Inc.
J169 SR 65
McClure, OH 43534
Fax: 419-278-0117