Institutional Information

1. Institution Name ____________________________________________________________

2. Carnegie Classification

   ○ Doctoral Universities
   ○ Master's Colleges and Universities
   ○ Baccalaureate
   ○ Baccalaureate/Associate's Colleges
   ○ Associate's Colleges
   ○ Special Focus Institutions, Two-Year
   ○ Special Focus Institutions, Four-Year
   ○ Tribal Colleges

3. Undergraduate Enrollment __________________________________________________

4. Affiliation

   ○ Public not-for-profit
   ○ Private not-for-profit
   ○ Private for-profit
5. Does your institution have any of the following designations?

☐ Historically Black College or University (HBCU)
☐ Hispanic-Serving Institution (HSI)
☐ Asian American and Native American Pacific Islander-Serving Institution (AANAPISI)
☐ Predominantly Black Institution (PBI)
☐ Alaska Native and Native Hawaiian-Serving Institution (ANNH)
☐ Native American-Serving Nontribal Institution (NASNTI)
☐ Tribal College or University (TCU)

Context

1. How does the focus of the Curriculum-to-Career Innovations Institute align with your campus' current strategic plans or career preparation initiatives? (100 words)

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2. If selected to participate, what would be the focus of your curriculum-to-career project during the Institute? (100 words)

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3. Which two of the following are your biggest challenges at this stage of your campus efforts to link curricular efforts and student learning with career preparation? Please select top two.

☐ Getting stakeholders on the same page

☐ Resources

☐ Identifying and developing effective campus/industry partnerships

☐ Evaluating existing curricula and/or outcomes

☐ Agreeing on a unified vision and/or plan for reform(s)

☐ Initiating implementation/launching the vision

☐ Scaling effort(s)/change(s) to be inclusive of more students

☐ Building an effective assessment strategy

☐ Evaluating/communicating the efficacy of partnerships

4. What are some of the resources and/or political issues that you envision affecting the success of your project? (100 words)

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5. What are your team's top three goals for advancing, developing, or strengthening your curriculum-to-career project during the Institute?

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6. How will your participation in the Institute help to advance your campus’ commitment(s) to equity?

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7. Which of the following topics would you like help to address from Institute mentors or like to see covered in Institute programming?

☐ Overall assessment/evaluation plan and/or process
☐ Navigating governance/campus policies
☐ Navigating campus politics/cultural issues
☐ Communication strategies
☐ Active learning/pedagogical strategies
☐ Embedding high-impact educational practices
☐ Developing learning outcomes
☐ Creating or addressing equity-minded policies and practices
☐ Integration of curricular and co-curricular learning
☐ Supporting underserved students’ success
☐ Other (please specify) ________________________________
Campus teams must designate five (5) team members to participate in the Institute. At least one (1) team member must occupy a role that includes budgetary oversight and/or high-level decision making (e.g., a senior administrator).

**Team Leader/Team Member #1 Personal Information**
This person will also serve as the primary contact person.

Prefix (Dr., Ms., Mr., etc.) ______________________________________________________

First Name __________________________________________________________________

Middle Name or Initial __________________________________________________________

Last Name ___________________________________________________________________

Full Title (no abbreviations, please) ______________________________________________

Role includes budgetary oversight and/or high-level decision making (e.g., a senior level administrator)

  - [ ] Yes
  - [ ] No

Discipline ____________________________________________________________________

Email _______________________________________________________________________

Street Address ________________________________________________________________

City ________________________________________________________________________

State _______________________________________________________________________

Zip _________________________________________________________________________

Country _____________________________________________________________________

Phone ______________________________________________________________________
Team Member #2 Information

Prefix (Dr., Ms., Mr., etc.) _______________________________________________________

First Name _________________________________________________________________

Middle Name or Initial ________________________________________________________

Last Name _________________________________________________________________

Full Title (no abbreviations, please) ____________________________________________

Role includes budgetary oversight and/or high-level decision making (e.g., a senior level administrator)

○ Yes

○ No

Institution _________________________________________________________________

Discipline _________________________________________________________________

Email _________________________________________________________________

Team Member #3 Information

Prefix (Dr., Ms., Mr., etc.) _______________________________________________________

First Name _________________________________________________________________

Middle Name or Initial ________________________________________________________

Last Name _________________________________________________________________

Full Title (no abbreviations, please) ____________________________________________
Role includes budgetary oversight and/or high-level decision making (e.g., a senior level administrator)

☐ Yes
☐ No

Institution ____________________________________________________________

Discipline _____________________________________________________________

Email ________________________________________________________________

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Team Member #4 Information

Prefix (Dr., Ms., Mr., etc.) ________________________________________________

First Name ______________________________________________________________

Middle Name or Initial ____________________________________________________

Last Name _______________________________________________________________

Full Title (no abbreviations, please) _________________________________________

Role includes budgetary oversight and/or high-level decision making (e.g., a senior level administrator)

☐ Yes
☐ No

Institution ____________________________________________________________

Discipline _____________________________________________________________

Email ________________________________________________________________
Team Member #5 Information

Prefix (Dr., Ms., Mr., etc.) _______________________________________________________

First Name _________________________________________________________________

Middle Name or Initial _________________________________________________________

Last Name _________________________________________________________________

Full Title (no abbreviations, please) ____________________________________________

Role includes budgetary oversight and/or high-level decision making (e.g., a senior level administrator)

  ○ Yes

  ○ No

Institution _________________________________________________________________

Discipline _________________________________________________________________

Email ________________________________________________________________
Space permitting, AAC&U will consider requests for additional campus team members on a case-by-case basis.

Number of additional team members

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7

Additional team members information. Include name, institution, discipline, and email address for each additional team member.

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Team Composition

Please briefly provide a rationale for the composition of your campus team. What role(s) do you envision each person playing to advance your project efforts? How will your team’s structure help sustain your curriculum-to-career efforts following the Institute? (100 words)

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Contributions

At the Institute, we value the expertise and experience of all participants. In what ways can your team contribute to the overall learning of Institute participants and mentors? Please choose your top three (3).

- Success with prior reform or vision initiatives
- Unique qualities of your Institution
- Successful navigation or institutional transitions/cultural shifts
- Creative/innovative institutional communication strategies
- Successful implementation of certain high-impact practices (e.g., ePortfolio, first year seminar, undergraduate research)
- Successful development of student learning outcomes
- Comprehensive development of equity-minded policies and practices
- Supporting underserved students’ success
- Integration of curricular and co-curricular learning
- Other (please specify) ________________________________
President’s Authorization

By entering the president’s name and email address below, you confirm that they agree to the following: “If selected, my institution will attend the AAC&U Curriculum-to-Career Innovations Institute, meet all terms of participation, and accept financial responsibility for the institute fee.”

President's Full Name __________________________________________________________

President's Email Address _______________________________________________________

Final Questions

Is there anything else you would like to share that would help us to fully evaluate your team’s application?

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