2024-25 Institute on ePortfolios: Application Form

Start of Block: Institution/Organization Information

Institution/Organization Information
Please respond to the questions in this section, as applicable to your institution, state system, consortium, or organization.

Institution (or Organization) Name
________________________________________________________________

Which AAC&U Institutes has your institution attended before (e.g., IGEA 2022, HIPS 2019, etc.)?
________________________________________________________________
Carnegie Classification

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

Undergraduate Enrollment

-------------------------------------------------------------

Master's Enrollment

-------------------------------------------------------------

Doctoral Enrollment

-------------------------------------------------------------
Affiliation

- Public not-for-profit
- Private not-for-profit
- Private for-profit

Other context related to student population (e.g., minority serving institution, community college)

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Institution/Organization Information

Start of Block: Primary Contact Person's/Team Leader's Personal Information

Primary Contact Person's/Team Leader's Information (Team Member #1)
Team Leader’s Personal Information

- Prefix (Dr., Ms., Mr., etc.) ________________________________
- First Name ________________________________
- Middle Name or Initial (optional) ________________________________
- Last Name ________________________________
- Full Title (no abbreviations, please) ________________________________
- Discipline ________________________________

* Team Leader’s Email Address

______________________________

* Team Leader’s Phone Number

______________________________
Team Leader's Campus/Work Address

- Street Address __________________________________________________
- Street Address (cont.) __________________________________________________
- City __________________________________________________
- State/Province __________________________________________________
- Zip Code __________________________________________________
- Country __________________________________________________

End of Block: Primary Contact Person's/Team Leader's Personal Information

Start of Block: Team Member Information

Team Member Information

Team Member #2

- Prefix (Dr., Ms. Mr., etc.) __________________________________________________
- First Name __________________________________________________
- Middle Name or Initial (optional)
  __________________________________________________
- Last Name __________________________________________________
- Email Address __________________________________________________
- Full Title (no abbreviations, please)
  __________________________________________________
- Institution __________________________________________________
- Discipline __________________________________________________
Team Member #3

○ Prefix (Dr., Ms. Mr., etc.) ________________________________

○ First Name ________________________________

○ Middle Name or Initial (optional)

________________________________________________

○ Last Name ________________________________

○ Email Address ________________________________

○ Full Title (no abbreviations, please)

________________________________________________

○ Institution ________________________________

○ Discipline ________________________________

Team Member #4

○ Prefix (Dr., Ms. Mr., etc.) ________________________________

○ First Name ________________________________

○ Middle Name or Initial (optional)

________________________________________________

○ Last Name ________________________________

○ Email Address ________________________________

○ Full Title (no abbreviations, please)

________________________________________________

○ Institution ________________________________

○ Discipline ________________________________
Team Member #5

- Prefix (Dr., Ms. Mr., etc.) __________________________________________________
- First Name __________________________________________________
- Middle Name or Initial (optional)
  __________________________________________________
- Last Name __________________________________________________
- Email Address __________________________________________________
- Full Title (no abbreviations, please)
  __________________________________________________
- Institution __________________________________________________
- Discipline __________________________________________________
Space permitting, AAC&U will consider requests for additional campus team members on a case-by-case basis.

Number of additional team members

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

Additional team member information (name[s], email[s], title[s])

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Team Member Information

Start of Block: President's Authorization

President's Authorization

By entering the institution's (or state system's/consortium's) president's name and email address below, you confirm that they agree to the following: “If selected, my institution will attend the
2024-25 AAC&U Institute on ePortfolios, meet all terms of participation, and accept financial responsibility for the Institute fee.”

President's Full Name

______________________________________________________________

President's Email Address

______________________________________________________________

End of Block: President's Authorization

Start of Block: Context

Context

Describe what led your institution to apply to the Institute. If your institution has attended past AAC&U institutes, how does the work you want to accomplish in the Institute on ePortfolios relate to past participation (150 words)?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Summarize your institution's most recent efforts to promote the adoption and implementation of ePortfolios, including which individuals/groups were involved (150 words).

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What are some of the resource and/or political issues in your context regarding ePortfolios (150 words)?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

How does participation in the Institute on ePortfolios align with your institution's current strategic priorities (150 words)?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Context

Start of Block: Goals During the Institute
Goals During the Institute

Identify 3-5 specific goals that you hope to accomplish by participating in the Institute. What are your metrics for success (250 words)?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Goals During the Institute

Start of Block: Needs

Needs

What are your top three needs or concerns related to ePortfolios in your context (100 words)?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Needs

Start of Block: Team Composition

Team Composition
What is the rationale for your team’s composition (300 words)?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Team Composition

Start of Block: Contributions

Contributions

What do you believe your team can contribute to the Institute (100 words)?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Contributions

Start of Block: Final Questions

Final Questions

Is there other information you wish us to know as we evaluate your team’s application?

________________________________________________________________
________________________________________________________________
How did you find out about the Institute?

- A colleague from my institution’s faculty development office or center for teaching and learning
- A colleague from my institution’s learning technology or IT organization
- A colleague from my institution’s library
- A faculty or administration colleague at my institution
- An AAC&U publication
- An AAC&U meeting (e.g., Annual Meeting, conference, summer institute)
- An AAC&U email or other communication
- A non-AAC&U conference, meeting, or publication
- From a colleague in the ePortfolio or learning technology community
- From a listserv focused on ePortfolio or learning technologies
- Other (please specify)
Click the red arrow on the bottom right to submit your application.

If the application is successfully submitted, the team leader will receive an email confirming receipt of the application. Team leaders will begin receiving notification of selection decisions during the week of October 30th and through the first full week of November.

End of Block: Final Questions