

Professional Education Program - Outreach

2009 Chautauqua Short Courses Form

Please enclose a check or money order made out to State University of New York at Stony Brook for the 50\$ application fee PLUS the tuition fee with this application form and mail to:

Patricia Dixon
Chautauqua Program, Stony Brook University
S-109 Social and Behavioral Sciences Building
Stony Brook, NY 11794-4335

*** Indicates required information**

* Check or Money Order? _____ * Amount Enclosed: _____

* Course: _____

* Title: (Mr. / Mrs. / Ms. / Dr.) _____

* First Name: _____ Middle Name: _____

* Last Name: _____

* Department: _____

* Institution: _____

*** Office Address:**

* Street: _____

* City: _____

* State: _____

* Zip Code: _____

* Office Phone: _____ Extension: _____

Fax: _____

* E-Mail: _____

Home Address (optional)

Street: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

* Preferred Mailing Address: (Home / Office) _____

Demographic Background

* Highest Degree: _____

* Institution: _____

* Year: _____

* Current Position: _____

* Type of Institution - Public or Private: _____

* Type of Institution - 2 or 4 year: _____

* Highest Degree Offered in Your Dept: _____

* Your Primary Responsibility: _____

Other: _____

* Your Primary Subject Matter Responsibility: _____

Teaching Background - Number of Years Taught: _____

* College/University: _____

Secondary: _____

Other: _____

Specify: _____

Courses Taught: _____

Previous Chautauqua Experience (if any): _____

Please list Course, Center, and Year: _____

* Statement of Interest:

In the following space indicate why you want to take this course (and alternate). How will you use it back at your home institution?

* How did you learn about this year's program? _____

Other: _____

Special services or disability accommodations required:

For more information, please contact Ms. Patricia Dixon at 631-632-7696