

**University of Colorado at Denver and Health Sciences Center
CU Online & Center for Faculty Development**

Summer Web Camp 2009
Application

Name: _____

Academic rank: _____

School/College/Department: _____

Proposed Course Name & Number: _____

Catalogue Course Description:

Applicant's
Signature _____ Date _____

Department Chair's/
Coordinator's Signature _____ Date _____

Dean's Signature _____ Date _____