UL Lafayette Office of Distance Learning ULearn Faculty Fellow Program Endorsement Form

Name	Department
•	Faculty Fellow and agree to work with the Office of butlined in the to be agreed upon scope of work.
	Faculty Member Signature
I have reviewed and approve submissio member from one course per semester f	• •
member from one course per semester f	on of this proposal. If selected, I will release the faculty fall and spring. I understand the time commitment of the low having reviewed the information about the program. Department Head Signature