



APPLICATION FOR THE HAROLD T. CAVEN PROFESSORSHIP

APPLICANT'S NAME:

_____ **Last, First, Middle**

UA I.D. NUMBER:

CAMPUS AFFILIATION:

MAILING ADDRESS:

PHONE:

EMAIL:

FACULTY TITLE:

ATTACHED AS PART OF THIS PROPOSAL ARE THE FOLLOWING:

1. A description of the teaching, research and public service activities proposed to be carried out by the holder of the professorship.
2. A proposed budget for these activities
3. A proposed timeline for these activities
4. Resume
5. Three letters of reference

I hereby attest that the information provided in this application is true, correct and complete. I agree to allow any information in this application to be released for publication.

Signature (**required**)

Date