



Austin Community College

ACC Academy Application

Application Instructions: The application must be completed and submitted to the Professional Development and Evaluation Office (HBC 604) on or *before June 24, 2011*. Please contact the Professional Development and Evaluation Office (223-7997) with questions regarding this application. The application must be signed by both you and your supervisor.

I. Personal Information

Name: (Last) _____ (First) _____ (Middle) _____

ACC Department: _____

Phone Extension: _____ Email: _____

II. ACC Employment

Start Date of Full-time employment with ACC: _____
(Minimum two years of ACC Full-time employment required)

Current Job Title: _____

List ACC councils, committees or other activities in which you have participated:

List community service in which you have participated:

Have you held any leadership position within ACC?

III. Education

School Name and City	Dates Attended	Degree / Major
_____ aaaaaaa _____ a	_____ !!!!!!!!!!!!!	_____
_____ aaaaaaa	_____ !!!!!!!!!!!!!	_____

Honors or awards received: _____

IV. Academy Participation Information

What specific knowledge, skills and abilities do you hope to gain by participating in the ACC Academy?

How do you plan to use what you will learn in the ACC Academy?

What are your long range career goals? Please specify your areas of interest at ACC.

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V. Letters of Endorsement

Two letters of endorsement: one must be applicant’s immediate supervisor and one of applicant’s choosing. These letters should address your leadership potential and ACC overall performance.

VI. Supervisor’s Statement

I have read and understand the program time and attendance requirements, the timeline, and the meeting and graduation schedule; I fully support the applicant’s participation in the ACC Academy.

Supervisor Signature: _____

Date: _____

Title: _____

VII. Applicant’s Statement

I certify that all of the information I have provided in this application is complete and true. I have read and understand the attendance requirements and the meeting and graduation schedule and timeframe; if selected, I am fully prepared to be an active participant. I will attend and devote the time and resources required to complete the ACC Academy Program.

Applicant Signature: _____

Date: _____

Title: _____

Date Application Received
(For use by Professional Development and Evaluation Office Only)