



Name: _____

Major: _____ Year in school: _____

Address: _____

Phone: _____ Email: _____

Will you be enrolled in courses during the summer session? **YES** **NO**

Have you or do you currently work for the university? **YES** **NO**

Science Background

Please list all science courses you have taken as part of your education at MU.

Science-Related Professional Development

Please list any science-related teaching or professional development activities in which you've participated (include outside-of-coursework experiences, professional organization memberships, conferences, etc.).

Professional Development Needs

- What do you see as your most pressing professional development needs in regard to science?

- What do you hope to gain from your participation in QUEST?

Dietary Restrictions/Special Accommodations:

If you have any dietary restrictions and/or need special accommodations, please list those below:

Lesson Plan

Please submit, with this application, a copy of one of your favorite science lesson plans, activities, or projects that you have used with students previously or would like to use with students in the future.

Reference

Please provide the name and contact info of an MU faculty member who is willing to serve as a reference (you should contact this person in advance to find out whether/he she would be willing to serve as a reference).

Name: _____

Title/Position: _____

Department: _____

Campus address: _____

Phone: _____

Email: _____

Release Form:

QUEST has permission to photograph me during the hours of the QUEST Teacher Program for promotional purposes, including, but not limited to, press releases, QUEST promotional material, etc. **Please initial** _____

Participant Signature: _____ **Date:** _____

Please direct inquiries and return completed application materials to:

Dr. Deborah Hanuscin, Project Director

QUEST Program

303 Townsend Hall

University of Missouri

Columbia, MO 65211

hanuscind@missouri.edu

(573) 884-2527