



# CREATIVE SCIENTIFIC INQUIRY EXPERIENCE: DEVELOPING INTEGRATED SCIENCE CURRICULUM

CSIE Program Office 215 Rackham Hall ☎ csie.info@emich.edu ☎ ph: 487-0281 ☎ fax: 497-8514

## Become a Creative Scientific Inquiry Experience (CSIE) Faculty Fellow

Each CSIE Faculty Fellow receives \$1,000 honoraria to develop a CSIE cluster for Winter 2008 term. The expectations for CSIE Fellows are:

- ✓ Participation in approximately five, bi-weekly, 90-minute seminar meetings with CSIE colleagues.
- ✓ Collaborative work with a CSIE faculty fellow partner(s) to revise course syllabi and materials.
- ✓ Implementation of the CSIE cluster you design within the next year.

Co-principal investigators Kathy Stacey, Director of the Office of Academic Service-Learning, Joanne Caniglia, Professor of Mathematics, and Nina Contis, Professor of Chemistry will facilitate the seminars. The CSIE Program staff and project team provides technical support to implement a successful CSIE experience.

**Departments are creating schedules now. Please return this application by April 27!**

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**Please provide the following contact information:**

Your Name: \_\_\_\_\_ ☎: \_\_\_\_\_@emich.edu ☎: 487-\_\_\_\_\_

1) Do you have a faculty member with whom you would like to collaborate?

- Yes, I will be partnering with (name) \_\_\_\_\_ (dept) \_\_\_\_\_
- Yes, but the details are uncertain at this time.
- Not yet. I need to learn more.

2) I am interested in adapting the following course to become part of a CSIE cluster:

Course \_\_\_\_\_ Title \_\_\_\_\_ Term offered \_\_\_\_\_ Current Pre-reqs \_\_\_\_\_

3) Check all that apply to this course:

- Satisfies general education requirement \_\_\_\_\_.
- Is a core requirement in the following majors \_\_\_\_\_.
- Falls within the first two years of study as recommended by the department.
- Presents unique cognitive or application difficulties for students.
- Faculty observe significant student attrition at the time students take this class.
- Other: \_\_\_\_\_

4) CSIE Faculty Fellow signature: \_\_\_\_\_ Date: \_\_\_\_\_

5) Department Head signature: \_\_\_\_\_ Date: \_\_\_\_\_

6) Copy this form for your records and return the original to the **CSIE Program in 215 Rackham Hall.**



The CSIE program is funded by the NATIONAL SCIENCE FOUNDATION:  
Science, Technology, Engineering and Mathematics Talent Expansion Program  
NSF 05-519 DUE 0525514

[www.emich.edu/csie](http://www.emich.edu/csie)