

2010 INVASIVE SPECIES FIELD COURSE  
July 12-14, 2010  
COURSE APPLICATION FORM

If you are interested in participating in the Eighth Annual Invasive Species Field Course, please complete this application form and return it by email, fax or mail.

**All applications are due by June 14, 2010**

**(1) Contact Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone (plus area code): \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School/Classroom Phone (plus area code): \_\_\_\_\_

School Email Address: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

**(2) Background Information:**

What is your academic background?

Institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Dates: \_\_\_\_\_

Institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Dates: \_\_\_\_\_

What is your employment background?

Current School/Organization: \_\_\_\_\_

Dates: \_\_\_\_\_

Description of Position/Courses/Grade levels:

Previous School/Organization: \_\_\_\_\_

Dates: \_\_\_\_\_

Description of Position/Courses/Grade levels:

Previous School/Organization: \_\_\_\_\_

Dates: \_\_\_\_\_

Description of Position/Courses/Grade levels:

How would you describe your current level of knowledge with respect to invasive species?

While no experience related to invasive species is required for participation in this course, please describe any experience you may have in sample collection, laboratory analysis, or teaching related to invasive species to help us design course activities that best suit your needs.

**(3) Goals:**

Why are you interested in participating in our Invasive Species Field Course and what do you hope to gain through this experience?

Describe any specific topics that you would like to learn about during the course or specific activities that you would like us to include.

Our goal is not only to educate the participants of the course about invasive species, but also to prepare them to share this information with others (students, volunteers, colleagues, etc.) What type of audience(s) would you be most likely to share the information from this course with after you leave?

**(4) Academic Recognition:**

Would you be interested in academic recognition for your participation in this course? Specifically, would you be interested in graduate credits or State Board Continuing Education Units (SB-CEU's)?

**(5) Additional Information:**

Please feel free to provide additional information below about yourself or the course that you would like us to consider.

For further information, please contact:



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