

**CHAIRPERSON/HEAD OF DEPARTMENT/DIRECTOR COMMENTS**  
for the longitudinal Teaching Scholars Program

Applicant: \_\_\_\_\_

1. Do you favor participation in a teaching scholars program for this applicant? Why or why not?

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2. Are there other circumstances that either favor or disfavor this applicant participating in the Teaching Scholars Program? Please explain.

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3. What do you expect this faculty member to do differently upon completion of this program?

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4. If you do not support this application, are there alternative ways in which the goals could be achieved?

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Chairperson/Head of Department/Director Signature

\_\_\_\_\_  
Date

Once completed, print, sign, scan and send to [HSCFacultyDevelopment@hsc.wvu.edu](mailto:HSCFacultyDevelopment@hsc.wvu.edu)  
OR use Adobe and submit.