

BIOENGINEERING & WORLD HEALTH

TEACHER PROFESSIONAL DEVELOPMENT WORKSHOP

SUMMER 2009 - APPLICATION FORM

Name: _____ School: _____ MS HS

E-mail Address: _____ Phone #: (____) _____

Years of teaching: _____ Area(s) of expertise: _____

Courses you currently teach: _____

What are your reasons for participating in this workshop?

How do you feel this would benefit your students and school?

How will you incorporate this course into your school's curriculum?

What previous experience do you have with medical technology & bioengineering?

Applicant Signature: _____ Date: _____

School Administrator Signature: _____ Date: _____

Submit by March 27th, 2009 via Email: beyondtraditionalborders@rice.edu, Fax: 713-348-5877, or Mail: Beyond Traditional Borders, Rice University, 6100 S. Main St. – MS142, Houston, TX 77005-1892