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**UT Executive Leadership Institute**

**2021-2022 Application**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | Click or tap here to enter name. | | | | | |
| Title: | | Click or tap here to enter title. | | | | | |
| Institution: | | Click or tap here to enter institution. | | | | | |
| Preferred First Name | | Click or tap here to enter name | | | | | |
| Office Mailing Address: | | Click or tap here to enter address. | | | | | |
| City: | Click or tap here to enter city. | | | State: | Click to enter state. | Zip Code: | Click or tap here to enter zip code. |
| Office Phone: | | | Click or tap here to enter phone. | | Mobile Phone: | Click to phone | |
| Email Address: | | | Click or tap here to enter email address | | | | |

**I. RECENT POSITION HISTORY (**Include as a pdf attachment an updated resume and/or curriculum vita (CV) with the application.)

# II. GOALS AND ASPIRATIONS: Address each item listed below:

# 1. What goals do you hope to achieve from the Academy experience?

Click or tap here to enter text.

2. Where do you see your higher education leadership career in five years?

Click or tap here to enter text.

# III. SUPPORT OF APPLICATION BY OTHERS

1. Solicit two letters from professional references with at least one reference from present or former supervisor. If your supervisor is the President or Chancellor who will already provide a Nomination Support Form (See #2 below), your second letter is not necessary. Letters should be submitted electronically to the Executive Development Institute ([robert.smith@tennessee.edu](mailto:robert.smith@tennessee.edu)).
2. Provide the Nomination Support Form to the CEO of your institution to be submitted directly to the Executive Leadership Institute ([robert.smith@tennessee.edu](mailto:robert.smith@tennessee.edu) ). Applications cannot be approved without this form.

# IV. AGREEMENTS (Check box to agree. Applications without these agreements will not be considered)

I have reviewed the program requirements and confirmed the dates and locations for the in-person sessions and commit to fulfilling these requirements. I understand a conflict that precludes full attendance and participation, disqualifies me.

I have reviewed the “Research, Privacy, and Confidentiality” explanations and agree to share assessment data requested during the program with the shared understanding that my individual data are confidential.

\_\_\_\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click enter a date.

APPLICANT SIGNATURE (Typed signature acceptable for electronic submission) DATE

[Note: When completing this form, SAVE AS using the following format yourlastname your first name 2021ELI.docx (or with .doc but do not save as .docm, which will appear as the default choice unless you change it]

The Nomination Support Form is to be completed by the CEO of the nominee’s institution or division and sent electronically to [robert.smith@tennessee.edu](mailto:robert.smith@tennessee.edu) Applicants should deliver this form to their CEO and confirm it has been transmitted to the Executive Leadership Institute.

University of Tennessee

Executive Leadership Institute

**Nomination Support Form**

1. **APPLICANT INFORMATION:**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Institution: | Click or tap here to enter text. |

**II. NOMINATOR INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | | |
| Title: | Click or tap here to enter text. | | |
| Institution: | Click or tap here to enter text. | | |
| Office Address: | Click or tap here to enter text. | | |
| City:Click to enter text. | | State: Click or tap here to enter text. | Zip Code:Click to enter text. |
| Office Phone:Enter text. | | Email address:Click or tap here to enter text. | |

**III. REASONS FOR NOMINATING:**

Provide (1) Your reasons for supporting this nominee for executive-level development including (2) Your anticipations for his or her future at your institution. As we assist those selected, your leadership expectations will help guide the individualized development plan we provide through this program.

Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click to enter date.

NOMINATOR’S SIGNATURE DATE

(Typed signature acceptable for electronic submission) *Signature confirms the nominee is supported to attending all sessions of the program and complete the program requirements.*

[Note: When completing this form, SAVE AS using the following format yourlastname your first name candidate’s last name.docx (or with .doc but do not save as .docm]