



Application Form: NCFDD Faculty Success Program (FSP)

Name:

Department/Program:

Email:

School/College/Center:

Current Rank:

Time in Current Rank:

Years at Brockport:

Please complete this application in the space provided (no more than 3 pages total).

1. What do you hope to gain from participating in the program?

2. How does the above align with your professional goals?

- 3. Please describe how you believe your participation will benefit your department and college community, particularly with respect to fostering a climate that advances diversity, equity, and inclusion.**

4. Please describe how you believe your participation will contribute to the strategic goals of the college.