



HLC Action Team Member Application (and Nomination) Form

Purpose: This form is used to apply (or nominate a colleague) to be considered as a member of an HLC Action Team.

Submit completed forms to accreditation@lindenwood.edu by _____, 202 .

Name of applicant or nominee: _____ Check one: Faculty Staff

School/Unit of applicant or nominee: _____ Email: _____

Name of person nominating (if applicable): _____

Team Preference (Please insert 1 and 2 next to your top two choices. [Click here to read more about each of these areas.](#))

ACTION TEAM 1—MISSION

ACTION TEAM 2—INTEGRITY: ETHICAL AND RESPONSIBLE CONDUCT

ACTION TEAM 3—TEACHING AND LEARNING: QUALITY, RESOURCES, AND SUPPORT

ACTION TEAM 4—TEACHING AND LEARNING: EVALUATION AND IMPROVEMENT

ACTION TEAM 5—INSTITUTIONAL EFFECTIVENESS, RESOURCES, AND PLANNING

What unique skills or perspectives would the applicant (or nominee) bring to an Action Team?

Why is participating in an Action Team interesting or important to the applicant (or nominee)?

STATEMENT OF SUPPORT (To be completed by the immediate supervisor of the applicant or nominee)

Signed by supervisor/faculty/advisor:

Notes:

1. Action team members serve a four year term, beginning February 1, 2021.
2. All applications will be evaluated by the HLC Executive Committee.
3. Action Team members receive a Certificate of University Service as recognition of their work each year of their term.