

UTD Doctoral Scholarship Renewal Application for Collin Faculty Members



NOTE: Applicants MUST be full-time Collin faculty members and must already be admitted to UTD. Application should be typed out.

Please return this renewal application form with a copy of current transcript to the appropriate Academic Associate Dean or Director by September 1 (for either a Spring or Summer program start) or by February 1 (for a Fall semester program start).

TODAY'S DATE: _____

NAME OF APPLICANT: _____

UTD STUDENT ID NUMBER: _____

DISCIPLINE OF DOCTORAL PROGRAM: _____

PRIMARY COLLIN DISCIPLINE: _____

DEPARTMENT: _____ CAMPUS: _____

DATE HIRED FULL-TIME AT COLLIN COLLEGE: _____

Number of hours completed towards doctoral degree: _____ GPA: _____

Number of faculty members with a doctoral degree in your department at Collin: _____

Number of FT faculty members without a doctoral degree in your department at Collin: _____

ACADEMIC PLAN AND PROGRESS:

List your academic plan for completing required doctoral coursework (to a maximum of five years):

DATES	SEMESTER	COURSES (number/title) TO BE TAKEN

COMPLETE THIS SECTION IF YOU HAVE PREVIOUSLY RECEIVED THIS SCHOLARSHIP AND ARE APPLYING FOR A SUBSEQUENT YEAR

RE-APPLICATION:

☐ Year 2

Year 3

Year 4

Year 5

Complete the chart to show courses taken. Attach current transcript and submit for Dean's approval.

Semester	Course Taken	Grade

If you have dropped a course, explain your reasons.

Signature of Applicant

Date

Signature of Associate Dean/Director

Date

Signature of Dean

Date

Signature of COE Chair

Date

Signature of Campus Provost/Cabinet Member

Date

Signature of Executive Vice President/Senior Vice President, Campus Operations

Date

Signature of District President

Date



EMPLOYMENT TRAINING AGREEMENT UTD DOCTORAL PARTNERSHIP PROGRAM

This Agreement to Provide Employment Training (the "Agreement") is entered into by and between Collin County Community College District (the "District") and

_____, an employee of the District (the "Employee"). This Agreement is separate and distinct from any employment contract entered into by the Employee and the District. The Training is an additional benefit provided by the District that is not guaranteed by the employment contract.

In consideration of the District providing the Employee the opportunity to participate in the UTD Doctoral Partnership (employment training) program from _____ 20__ to _____ 20__ (the "Training"), the Employee agrees that in the event he/she leaves the employment of the District voluntarily within three hundred ninety-six (396) work days [eighteen (18) months] of the completion of any part of the Training ("Required Work Period"), the Employee agrees to fund a one-time \$2,000 scholarship to the Collin County Community College District Foundation, Inc. as the "Repayment Amount."

The Employee agrees that the District may deduct the Repayment Amount from the Employee's last pay check. In the event that the amount of the Employee's last pay check is insufficient to satisfy the Repayment Amount, Employee agrees that the difference shall be paid to the District within 30 days of written notice that Employee's last pay check was insufficient to satisfy the Repayment Amount. The Employee further agrees that his/her failure to pay the Repayment Amount in the time specified in this Agreement provides to the District the right to pursue any and all remedies available to it under law.

The validity, nature, obligation and effect and the interpretation of this Agreement, or any of the terms and conditions hereof, and any and all questions arising hereunder or in connection herewith, shall be governed by the laws of the State of Texas.

This Agreement shall be performable in Collin County, Texas.

This Agreement constitutes the entire agreement of the parties regarding reimbursement for employment training. No other agreements, oral or written, pertaining to the performance under this Agreement exists between the parties. This Agreement can be modified only by an agreement in writing, signed by both parties.

SIGNED this _____ day of _____, 20__.

By:

Employee Signature

Name Printed: _____

Title: _____

Chief Human Resources Officer Signature

Name Printed: _____

Date: _____