

UTD DOCTORAL SCHOLARSHIPS FOR COLLIN FACULTY



Ten scholarships are available each year within the UTD Doctoral Partnership Program for full-time Collin College faculty, staff, and administrators. All eligible full-time employees are encouraged to apply; faculty members are sent annual reminders by the COE chair regarding the availability of the UTD scholarships. Applicants should make themselves aware of limits on graduate hours in Texas state schools.

ELIGIBILITY AND APPOINTMENT PROCESS:

Collin College full-time faculty members with a minimum of one year of regular full-time service are eligible to apply for the UTD Doctoral Scholarship for Collin Faculty. For example, a new faculty member hired in Fall 2016 is eligible to apply in November 2017 for the scholarship to be in effect for Fall 2018. Note: Temporary full-time faculty members are not eligible.

Applicants must be in good standing with no documented disciplinary actions filed with Human Resources during the period of one year prior to applying for this scholarship. Acceptance into a UTD doctoral program in administration, an academic field of study, or another job-related field is required.

All applicants for UTD Scholarships are evaluated using the following criteria: length of service with Collin College, grade point average in most recent degree program, reason for wanting to obtain a doctoral degree, applicability of the proposed doctoral degree to current position, engagement at Collin, and service to Collin beyond the scope of the current position. Priority will be given to full-time faculty.

RESPONSIBILITIES:

To participate in the University of Texas at Dallas Doctoral Partnership program for Collin Faculty, Administrators, and Staff, employees are required to sign an Employment Training Agreement. By signing this agreement, the employee agrees that if he/she voluntarily leaves full-time employment within the period of the agreement, the employee will fund a one-time \$2,000 scholarship to the Collin College Foundation. The supervisor is responsible for ensuring the Employment Training Agreement is signed by the employee and submitted to the Employee Success and Talent Development Team in Human Resources within two weeks of the employee being approved for the scholarship.

Scholarship recipients must re-apply every year for the scholarship, noting progress made toward the degree during the previous year. Progress is defined as completing a minimum of three courses per academic year (September through August). A maximum of five years can be granted toward completion of the doctoral degree through this scholarship program.

To be considered for the scholarship renewal, the faculty member must fill out the reapplication section of the application form and submit the form along with a copy of the most recent transcript to the appropriate Academic Associate Dean/Director. The deadline for reapplication paperwork for the following year (September – August) is March 15.

The remaining steps in the application process will be conducted, beginning with a review by COE. *(NOTE: Letters of recommendation are not required for the re-application process.)*

APPLICATION:

- The faculty member applies to UTD and meets all the admissions requirements and application deadlines.
- If the application is not recommended at any step below, the application materials are returned to the appropriate Academic Associate Dean/Director, who will inform the faculty member.

Action	Spring & Summer Scholarship Start Timelines	Fall Scholarship Start Timelines
Once admitted to UTD, the faculty member fills out the COE application for the UTD Doctoral Scholarship for Collin College Faculty and submits the form to the appropriate Academic Associate Dean/Director for signature with a copy of transcripts of doctoral work completed to date (if applicable) or a final transcript awarding a master's degree, one letter of recommendation from someone other than the supervisor, and a brief essay including information about the doctoral program and the faculty member's academic accomplishments. <i>NOTE: The Student ID number from UTD must be on the application form.</i>	September 1	February 1
The Associate Dean/Director submits the application materials to the Dean, who submits the materials, along with a second letter of recommendation (written by the supervisor, i.e., associate dean/dean/director) , to the COE Chair for review and consideration by COE.	October 1	March 1
The COE Chair forwards the COE recommendations to the appropriate Campus Provost/Cabinet Member for consideration. The Campus Provost/Cabinet Member sends recommendations on the approved form to the Executive Vice President/Senior Vice President, Campus Operations for consideration.	October 15	March 15
The Executive Vice President/Senior Vice President, Campus Operations sends recommendations on the approved form to the President for consideration.	November 1	April 1
The President gives approvals to the Executive Vice President/Senior Vice President, Campus Operations.	November 15	April 15
The Executive Vice President/Senior Vice President, Campus Operations will send a letter to UTD confirming the UTD Doctoral Partnership Scholarship recipients for the year. A copy is also sent to the scholarship recipients and the Employee Success and Talent Development Team in Human Resources.	December 1	May 1

UTD Doctoral Scholarship Application for Collin Faculty Members



NOTE: Applicants MUST meet eligibility criteria at time of application. Application should be typed out.

Please return this application form with a copy of transcripts, two letters of recommendation, and a brief essay (which includes information about your doctoral program plans and academic accomplishments) to the appropriate Academic Associate Dean or Director **by September 1 for Spring/Summer or by February 1 for Fall.**

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 toward 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: _____

ELIGIBILITY – check all that apply

- ☐ A minimum of one year of regular, full-time service
- ☐ In good standing with no documented disciplinary action filed one year prior to scholarship application
- ☐ Acceptance into a UTD doctoral program in administration, an academic field of study, or another job-related field

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, please provide an explanation.

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BENEFITS AND APPLICABILITY OF DOCTORAL DEGREE:

Please attach a brief narrative describing why you are pursuing a doctoral degree, the applicability of the doctoral program course content to your current position and how a doctoral degree will benefit your administrative performance at Collin.

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: _____