Cohort Application (Self-Nomination)

CLIP

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Name: (Last, First, M.I.)	
Work Location/Campus	
Office Extension, Fax #	
e-mail address	
Years employed	

Briefly describe your interest in and/or the qualifications you possess that could contribute to CLIP.

Briefly describe why you want to participate in CLIP.

What would you hope to gain from your participation in the program?

Print your Full Name

_____

Signature

Date

Email application to clip.clpccd@gmail.com