2025 Application

Application Deadline: March 21, 2025 at 5:00 p.m. (Late or Incomplete Applications Will Not Be Considered)

Applicant Information Form

Last Name:	First Name:	Middle	e Initial:		
Degree(s):	Rank:	Series	3:		
Step:	% Time of Academic Appointment: School:				
Home Department:					
Best E-mail Address to Contact Applicant:					
Campus Box No.: Work Location:					
Home Address:					
Home Phone:	Cell Phone (optional):	Pag	er (optional):		
*Name of Dept. Chair, Division Chief or Director Providing Recommendation:					
Email Address:		Campus Box No.:			

*Note: If you submit a letter of reference from your Division Chair or Chief instead of from your Department Chair or Director, the Division Chair or Chief's letter of reference must contain a signed concurrence from your Department Chair/Director in order for the letter of reference to be deemed complete.

No personal information will be disclosed except to Coro personnel



Reflection Questions

Your responses to the following questions are required as part of your application:

- A. Please describe your current role at UCSF and how you envision developing or changing your role in the future. Please explain your reasons for wanting to participate in the UCSF-Coro Faculty Leadership Collaborative (750 words or less)
- B. Please describe a situation when you were a member of a team and reflect on what characteristics made that team successful or not. (750 words or less)

Please observe the following guidelines in preparing answers to the above questions:

- Your full name, page number and "Question A or B" should appear on each page.
- Begin each essay on a separate piece of paper.
- Restate the essay question at the beginning of each essay.

For Our Information

To assist UCSF in improving its program recruitment, please state how you learned about the UCSF Faculty Leadership Collaborative. Please be as specific as possible.

Colleague (please i	dentify): ent from (please identify):			
☐ Chair/Chief/Director				
Other:	(picase identity).			
	applied to any Coro pro	gram?		
☐ No ☐ Yes	If yes, when?	Which program?		
Have you previously	participated in a Coro pr	rogram?		
☐ No ☐ Yes	If yes, when?	Which program?		
Have you previously participated in any leadership program?				
☐ No ☐ Yes	If yes, when?	Which program?		
true and accurate. I understand that m Department Chair/Dire Chief, I understand the	cation, I affirm that: e entire application and, to y application will be considered or Division Chair or Celetter of recommendation	the best of my belief and knowledge, the information I have given is dered incomplete without a recommendation letter from my thief. If my letter of recommendation is from my Division Chair or must contain a signed concurrence from my Department adation to be deemed complete.		
☐ I understand that late and/or incomplete applications will not be accepted.				
\square My Department Chair supports my time commitment to this program, including full attendance throughout the entire program schedule.				
☐ I understand full participation is expected*.				
indicated for the 2025	5 Fall program (10 sessio	ip Collaborative, I affirm that I will be available for all activities on program including graduation celebration. See Program Schedule aborative Program Information for specific date).		
Signature By clicking "I Agree" be the declarations listed a		electronic signature to this document, and agreeing and attesting to		
☐ I Agree	Today's Date:			
Name of Applicant	t (please print):	Today's Date:		

^{*} Personal or family emergencies that arise and impact attendance on participation in the Coro program will be assessed on a case-by-case basis.