#### **Request for NetVUE Consultant**

Institution Name: \_\_\_\_\_

## **Campus Coordinator for the Consultation**

Please provide the name of a Campus Coordinator for this NetVUE consultation. This should be an institutional leader who will be available to speak with the consultant about both substantive and logistical details in preparation for the visit and who will accompany the consultant throughout the visit.

Name:	 	 	
Position or Title:_	 	 	

Email:\_\_\_\_\_

Phone: \_\_\_\_\_

## **Campus Visit Information**

Please propose two sets of possible dates for the visit. A two-day visit is recommended.

Preferred Dates: \_\_\_\_\_

Alternate Dates:\_\_\_\_\_

Location of accommodations for the consultant:

# **NetVUE Consultant Preference**

Please indicate your preference, if any, for a NetVUE consultant. Final consultant matches will be made by NetVUE, depending on consultants' schedules and availability. Profiles of NetVUE Consultants are available at <a href="https://cic.edu/networks/netvue/netvue-professional-development/consultants/">https://cic.edu/networks/netvue/netvue-professional-development/consultants/</a>

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

## **Additional Information**

Please attach to this application the following materials:

- A one-page description of the goals, key questions, and desired outcomes for the consultant's visit. What are the chief concerns and questions that your institution is facing in its efforts to provide students with opportunities for vocational reflection and discernment? What do you hope to achieve in the future? What issues are particularly important for the consultant to be aware of, in order to make the visit most useful to you?
- 2. A one-page tentative schedule for the visit, which should include a meeting time with the president or chief academic officer (preferably both); their schedules should be a primary factor in determining your preferred date(s) for the visit. The schedule should also indicate the names and titles of other individuals, and the names and descriptions of groups or committees, with whom the consultant might meet during the visit—including meetings over meals if appropriate. (Please confirm the availability of these individuals and groups for dates that you select.)

#### Agreement

A NetVUE grant will cover the time and travel expenses for a NetVUE Consultant. The host campus agrees to provide local accommodations and meals for the consultant during the entire visit.

Signature of President or Chief Academic Officer:

Name

Date

# **Questions and Submission Instructions**

Please address any questions and send the completed and signed form with attachments to:

Rachael Baker Director of Professional Development Network for Vocation in Undergraduate Education Phone: 616-526-7939 Email: <u>rbaker@cic.edu</u>