



Preparing for Leadership  
in the  
Agricultural Research and Higher Education System

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**Class 9—ESCOP/ACOP Leadership  
Development Program**

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**Application**

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**Application Deadline  
is May 1, 1999.**

*Application must be accompanied by registration fee. The first 75  
applications received will comprise Class 9.*

Name \_\_\_\_\_

Institution \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Teaching/Research/Extension Appointment Split T\_\_\_\_%/R\_\_\_\_%/E\_\_\_\_%

Office Address

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Home Address

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Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Please complete remainder of form on inside and back pages

## Educational and Professional Experiences

Degrees completed:

Degree	Institution	Year	Field of Study

Post doctoral or additional study:


Previous professional employment (most recent listed first):

From	To	Employer	Title

Please state your professional objectives, including your interest in leadership development:

What, specifically, do you expect to gain from participation in the Leadership Development Program?

If you have participated or are participating in other leadership or management development programs, please describe:

Plan for supervised/mentored Phase II experience.

**To be completed by Dean/AES or Academic Programs Director. Basis for recommending this person for the ESCOP/ACOP Leadership Program:**

**We, the undersigned, agree to the above expectations for the supervised Phase II experience in residence at the home institution.** Changes/modifications in the Phase II experience, over the course of the Program, will be mutually agreeable by the participant, dean/director, and supervisor/mentor.

Participant Signature	Dean/Director Signature	Supervisor/Mentor Signature

\_\_\_\_\_  
Dean/DirectorName

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Supervisor/MentorName

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax

Please mail this form along with the registration fee (\$1,600/participant) **on or before May 1, 1999** for all designated participants. Make checks payable to **Texas A&M University**. **Remember that all travel, hotel, and per diem expenses are the responsibility of the nominating institution. Texas A&M Tax ID #37117117111000**

Mail to: Jeannie Laird  
113 TAES Annex  
Texas A&M University  
College Station, TX 77843-2162

If you have questions regarding the program, please contact:

Dr. Karen S. Kubena, Program Coordinator  
(409) 845-3712  
k-kubena@tamu.edu