

Teaching Fellows Program Application Form

Contact Information

Last name:

First name:

Street address:

City:

State:

Zip code:

Telephone number:

Email:

Campus Preference

What is your campus preference?

Spokane

Yakima

Either Spokane or Yakima

References

List the names of the individuals from whom you have requested letters of reference.
Please have letter writers submit their letters directly to pharmacy.teachlearn@wsu.edu.

Reference 1:

Reference 2:

Reference 3:



College of

Pharmacy

WASHINGTON STATE UNIVERSITY