



Application Form

Post-Doctoral Teaching Certificate

Please enroll me in the Post-Doctoral Teaching Certificate Program. I understand that I will need to complete all the requirements before receiving the certificate.

Name _____

Degree Program _____

School _____

Email Address _____

Mailing Address _____

Net ID _____

Phone Number _____

Please send this form to ctl@utdallas.edu to be enrolled in the eLearning organization where you will complete the program.

**Center for Teaching & Learning
(CTL)**