

Application Form
African Studies Summer Institute for Teachers
June 12-16, 2006

Name: _____

Phone: _____

E-Mail: _____

Address: Home: _____ **Work:** _____

School: _____

Subject Taught: _____

Grade Taught: _____

Length of Time Teaching: _____

Are you currently including Africa in lesson plans? Yes / No

If yes, under what topics?

Have you taken any course or participated in any workshops relating to Africa?

What would you like to gain from the workshop?

Are there any specific topics you would like to see covered?

Would you like graduate credit for the workshop? Yes / No

Do you plan to commute to the workshop everyday? Yes / No

Are you in need of overnight accommodations? Yes / No

Please return application to Dr. Osita Afoaku at afreach@indiana.edu or:

Outreach Program
c/o Ms. Helen Harrell
African Studies Program
221 Woodburn Hall
Indiana University
Bloomington, IN 47405
Fax: 812-855-6734