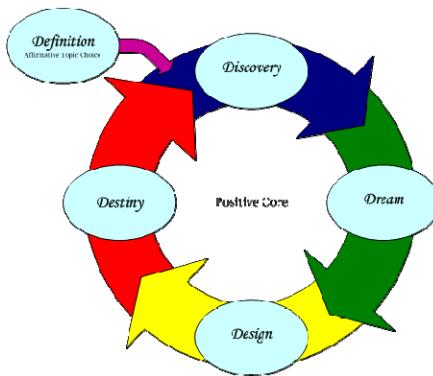


APPRECIATIVE INQUIRY PRACTICUM ENROLLMENT APPROVAL



Program Approval

Enrollment is limited to the first 20 approvals received or no later than July 29th, 2011

I. Personal Information

Name: _____

Title: _____

EmplID: _____

SmartKey: _____

Phone: _____

Email: _____

II. Division/Department Approval

The Appreciative Inquiry Practicum is aimed at the professional and personal development of University employees interested in teamwork, service delivery and organizational effectiveness. As Emory endeavors to become a destination university and an employer of choice, there is a critical need for strategic competencies and tools to align people, processes and practices within Emory's mission and vision. The Workshops offered as part of this practicum are designed to impart new skills, improve existing skills, and build competency in change management. Once enrolled into the practicum, participants are required to attend all the classes with their cohort. As such, it requires commitment from each participant and from their supervisors as well as department/program chairs.

III. Department/Division/Program Commitment

We understand that the participant's commitment to the practicum includes the schedule below. Participants will also conduct one-on-one self managed appreciative interviews with 10-15 faculty and/or staff between the second and third workshops. Participants may occasionally need to work on their project/initiative outside scheduled workshops

August 5 th , 2011	8:30am-3pm	October 21 st , 2011	1pm-3pm
August 26 th , 2011	9am-3pm	November 4 th , 2011	10am-12pm
September 16 th , 2011	8am-5pm	November 18, 2011	10am-12pm
September 30 th , 2011	8pm-5pm	December 8 th , 2011	9am-1pm
October 7 th , 2011	9am-11am	Project Presentation	TBD

We will support this employee in meeting all the practicum requirements and allow time to complete it. We understand that the participant's continued enrollment in the program will be based on attendance at every scheduled workshop and planning meeting, and that we will be informed of any missed sessions.

Our signatures below indicate we have read the course descriptions, course policies and timetable for the workshops, and support our employee's participation in the Appreciative Inquiry Practicum. We are committed to his/her professional development and training, and we will support his/her attendance with paid time away to fully participate in this practicum

Supervisor's Name: _____

Supervisor's Signature: _____

Date Signed: _____

Department Head/Division Head Name: _____

Department Head/Division Head Signature: _____

Date Signed: _____

IV. Submission

Fax or e-mail to:

Randall Cumbaa, Manager OD/ER

Human Resources

1599 Clifton, Suite 5.411

randall.cumbaa@emory.edu

Fax: 404.727.1209