Center for Innovative Teaching and Learning

Flipped Class Summer Workshop Application Form

Your name:

Your email:

Your school and department:

Course:

Describe the course you will work on during the workshop.

Why do you want to flip all or part of your course?

In what ways are you considering flipping all or part of your course?

In what ways do you hope flipping your course will improve the student experience?

Will you be able to attend both mornings of this multi-day workshop?

**In addition to this document, please send a current course syllabus of the course you wish to work on.**

If you have any questions, or would like to discuss your application with a CITL consultant, please contact Kelly Scholl ([kdscholl@indiana.edu](mailto:kdscholl@indiana.edu)) or Matt Barton ([mattbart@indiana.edu](mailto:mattbart@indiana.edu))