ITI Academy
University Campus Application

Fill out this form to apply for educational partnership with the ITI and the ITI Academy.

If you have questions about filling out this form, please contact academy@iti.org

**I. University Name / Applicant**

|  |  |
| --- | --- |
| *Name of institution* |  |
| *Address of institution* |  |
| *Website link (optional)* |  |
| *Name of applicant* |  |

**II. Name(s) of Education Lead(s) / Faculty**

*Copy the following table as required needed to list multiple leads.*

|  |  |
| --- | --- |
| *Name* |  |
| *Website link (optional)* |  |

**III. Professional Qualification(s) of Education Lead(s) / Faculty**

*Copy the following table for each Education Lead.*

|  |  |
| --- | --- |
| *Name* |  |
| *Dental & implant degrees & experience* |  |
| *Teaching experience* |  |

**IV. Current Courses or Curricula**

*Provide a description/overview of your current undergraduate student curricula to be included in your future ITI Academy Campus, emphasizing implant dentistry topics (if applicable). Copy this section for each undergraduate curriculum you offer.*

|  |  |
| --- | --- |
| *Curriculum Name* |  |
| *Curriculum Description/Overview* |  |
| *Duration* |  |
| *Faculty* |  |
| *Full-time / part-time* |  |
| *Number of Students* |  |

*Provide a description/overview of your current postgraduate student curricula to be included in your future ITI Academy Campus, emphasizing implant dentistry topics (if applicable). Copy this section for each postgraduate curriculum you offer.*

|  |  |
| --- | --- |
| *Curriculum Name* |  |
| *Curriculum Description/Overview* |  |
| *Faculty* |  |
| *Duration* |  |
| *Full-time / part-time* |  |
| *Number of Students* |  |

**V. Future Curricula – ITI Academy Support**

*For each of the Curricula listed in the previous section (IV.) indicate how you plan to support them with the ITI Academy Campus technology and content.*

*Undergraduate:*

|  |  |
| --- | --- |
| *Curriculum Name* |  |
| *ITI Academy Support* |  |

*Postgraduate:*

|  |  |
| --- | --- |
| *Curriculum Name* |  |
| *ITI Academy Support* |  |

**VI. Industry Support & Sponsorship**

*Are your curricula supported or sponsored by the industry? If yes, specify the sponsor(s), the type of support and material(s), how they are used, and indicate the visibility of the brand(s) relating to the promotion and implementation of your curricula. Copy this table for each sponsor.*

|  |  |
| --- | --- |
| *Name of Sponsor* |  |
| *Type of Support / Materials* |  |
| *Use(s)* |  |
| *Brand visibility* |  |

**VII. Signature of Applicant**

*After completing the form, please create a printout and sign it manually.*

Place:

Date:

Name:

Send your scanned application to academy@iti.org.

**or** send the hardcopy to

ITI Foundation
Katalina Cano
Peter Merian-Weg 10
CH-4052 Basel
Switzerland