

**HHMI SEA - PHAGES Project 2018-2019**  
**Project Information and Associate Application**  
**Submission Deadline: October 31, 2018**

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**Institution Information**

Institution Name

Institution City

Institution State

Academic Year Structure  
[Quarter, Semester, Other]

If Other, Specify (100 characters, including spaces)

Carnegie Classification -

Basic

Academic Year Start Date  
(Month/Year)

Academic Year End Date  
(Month/Year)

**Application Contact Information**

First Name

Middle Name

Last Name

Title

Department

Preferred Phone Number

Alternate Phone Number

Primary E-mail Address

## Institution Official Authorizing the Course

First Name

Middle Name

Last Name

Title

Department

Preferred Phone Number

Alternate Phone Number

Primary E-mail Address

## COURSE INFORMATION

Course Type

[New, Modify Existing, Replace Existing, Other]

Please Describe (200 characters, including spaces)

Are there prerequisite courses

[Yes, No]

If Yes, Specify (200 characters, including spaces)

Academic Level  
[Freshman, Sophomore, Junior,  
Senior, Other]

If Other, Specify (200 characters, including spaces)

Targeted student population?  
[STEM Majors, Non-Science  
Majors, Honors, Other]

If Other, Specify (200 characters, including spaces)

Commitment in Number of  
Years to SEA-PHAGES

Do you have plans to add additional sections after year 1 (200 characters, including spaces)

Additional Information (1,000 characters, including spaces)

### Support Staff Information

Will you have any Support Staff for this course?

[Yes, No]

If Yes, Please Describe

(e.g. Undergraduate or Graduate Teaching Assistants, Lab Coordinator, Other) (200 characters, including spaces)

Describe the Role of the Support Staff (400 characters, including spaces)

# COURSE COMPONENTS

## PHAGE DISCOVERY COMPONENT

Academic Term(s) component will be offered [Fall, Spring, Fall and Spring, Other]

If Other, Specify (200 characters, including spaces)

Number of sections in year 1

Number of students per section

Excluding lectures, please provide:

Number of weeks dedicated to Phage Discovery Lab

Number of meetings per week for Phage Discovery Lab

Number of hours per week for Phage Discovery Lab

Number of Credits Earned:

Please describe how the number of credits earned for Phage Discovery Lab compare to that earned for similar courses at your institution. (200 character limit box)

How many hours will the lab be accessible beyond standard meeting times?

Who will staff these additional lab hours?

How will your institution access transmission electron microscopy equipment for this course?

## BIOINFORMATICS COMPONENT

Academic Term(s) component will be offered [Fall, Spring, Fall and Spring, Other]

If Other, Specify (200 characters, including spaces)

Number of sections in year 1

Number of students per section

Excluding lectures, please provide:

Number of weeks dedicated to Bioinformatics Lab

Number of meetings per week for Bioinformatics Lab

Number of hours per week for Bioinformatics Lab

Number of Credits Earned:

Please describe how the number of credits earned for the Bioinformatics component compare to that earned for similar courses at your institution. (200 character limit box)

How many hours will the lab be accessible beyond standard meeting times?

Who will staff these additional lab hours?

How will your institution provide computing equipment to the faculty, staff and students to run the software required for the course

## ASSESSMENT OF LEARNING GAINS

Do you plan to assess course  
outcomes  
[Yes, No]

If Yes, Describe (200 character, including spaces)

Do you plan to do  
longitudinal tracking  
[Yes/No]

If Yes, Describe (400 character, including spaces)

## Faculty Preparing and Teaching the Course [Identify up to 5]

### FACULTY MEMBER #1

First Name

Middle Name

Last Name

Title

Department

Phone

Primary E-mail Address

Tenure Status

[Tenured, Tenure-Track, Non-Tenured, Other]

If Other, Specify (100 characters, including spaces)

Teaching Effort, hrs

Phage Discovery:

Total Teaching Load for corresponding semester:

Teaching Effort, hrs

Bioinformatics:

Total Teaching Load for corresponding semester:

Role Description (400 characters, including spaces)

**FACULTY MEMBER #2**

First Name

Middle Name

Last Name

Title

Department

Phone

Primary E-mail Address

Tenure Status

[Tenured, Tenure-Track, Non-Tenured, Other]


If Other, Specify (100 characters, including spaces)

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Teaching Effort, hrs

Phage Discovery:

Total Teaching Load for corresponding semester:


Teaching Effort, hrs

Bioinformatics:

Total Teaching Load for corresponding semester:


Role Description (400 characters, including spaces)

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**FACULTY MEMBER #3**

First Name

Middle Name

Last Name

Title

Department

Phone

Primary E-mail Address

Tenure Status

[Tenured, Tenure-Track, Non-Tenured, Other]


If Other, Specify (100 characters, including spaces)

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Teaching Effort, hrs

Phage Discovery:

Total Teaching Load for corresponding semester:


Teaching Effort, hrs

Bioinformatics:

Total Teaching Load for corresponding semester:


Role Description (400 characters, including spaces)

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**FACULTY MEMBER #4**

First Name

Middle Name

Last Name

Title

Department

Phone

Primary E-mail Address

Tenure Status

[Tenured, Tenure-Track, Non-Tenured, Other]


If Other, Specify (100 characters, including spaces)

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Teaching Effort, hrs

Phage Discovery:

Total Teaching Load for corresponding semester:


Teaching Effort, hrs

Bioinformatics:

Total Teaching Load for corresponding semester:


Role Description (400 characters, including spaces)

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**FACULTY MEMBER #5**

First Name

Middle Name

Last Name

Title

Department

Phone

Primary E-mail Address

Tenure Status

[Tenured, Tenure-Track, Non-Tenured, Other]

If Other, Specify (100 characters, including spaces)

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Teaching Effort, hrs

Phage Discovery:

Total Teaching Load for corresponding semester:


Teaching Effort, hrs

Bioinformatics:

Total Teaching Load for corresponding semester:


Role Description (400 characters, including spaces)

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Attach at least one, and up to three Letters of Support to this document, or include them in the email submission of your application. The institutional officer authorizing the course must provide a letter of support. Submit the completed application to [sea@hhmi.org](mailto:sea@hhmi.org) with the subject line “2018 SEA-PHAGES application.”

**The application deadline is October 31, 2018 (11:59 pm ET).**