

TCCAO Academic Executive Leadership Program:

Application Form

Congratulations on your Chief Academic Officer's recognition of your leadership by nominating you for the TCCAO Academic Leadership Program. This form and a current CV should be submitted to your CAO to complete your nomination

Deadline for Submission: March 1, 2026

For questions, please contact the TCCAO Academic Executive Leadership Program Coordinator, Chris Lyons (clyons@utsystem.edu).

Section 1: Personal Information

Full Name:

Current Title/Position:

Institution:

Email Address:

Phone Number:

Section 2: Statement of Interest (1000 words)

Describe your interest in participating in the TCCAO Academic Executive Leadership Program. Include:

1. Brief summary highlighting aspects of your career path and leadership experiences.
2. Your leadership development goals
3. How this program aligns with your envisioned career trajectory
4. What you plan to gain from shadowing experiences and cohort engagement

Section 3: Areas of Interest for Shadowing

Please indicate the areas you are most interested in exploring during your shadowing experiences:

- ☐ Strategic Planning
- ☐ Enrollment Management
- ☐ Curriculum Development
- ☐ Budgeting and Resource Allocation
- ☐ Shared Governance
- ☐ Change Management
- ☐ Student Affairs

- ☐ Educational Technology
- ☐ Scholarship and Research
- ☐ Community Relations
- ☐ Other (please specify): _____

Section 4: Capstone Preferences

Would you prefer to complete:

- ☐ A strategic mini-project co-developed with host institution(s)
- ☐ A leadership reflection/analysis based on shadowing experiences
- ☐ Open to either option
- ☐ Other: _____

Section 4: Shadowing Availability & Logistics

The summer/fall shadowing experience will be tailored to meet the needs of both the fellow and the host institution with the aim of providing a meaningful and impactful experience that is also flexible. Fellows are encouraged to participate in at least 40 hours of shadowing with one or across multiple host institutions.

Preferred months for shadowing (June–December 2026):

List known scheduling constraints or travel limitations:

Section 5: Signature

By submitting this form, I affirm my interest in participating in the program and understand that final selection is contingent upon institutional support and TCCAO review and selection.

Signature: _____

Date: _____