iPad for Collaborative Learning in the Classroom

Application Form

Participating faculty will be able to use iPads for group activities in the classroom.

Name: _____ Email: _____ Phone: _____

Department: _____ Course#: _____

List the learning outcome/goals for the course design analysis.

1. _____
2. _____
3. _____
4. _____
5. _____

List in-class iPad activities designed for students.

1. _____
2. _____
3. _____
4. _____
5. _____

List all the apps for the course activity.

1. _____
2. _____
3. _____
4. _____
5. _____

Signature: _____ **Date:** _____

Send your completed application to citl@bergen.edu.