*<Insert institutional Letterhead>*

*<Date>*

Mr. Jose Quiroga

Managing Director

ITSI Diversifying Semiconductor Supply Chains Project

Arizona State University

660 S. College Avenue, P.O. Box 872805

Tempe, Arizona 85281

United States

**RE: *Semiconductor Faculty Certification (SFC) Program***

Dear Mr. Quiroga,

We are pleased to formally nominate the following faculty from <Insert institution name here> to participate in the *Semiconductor Faculty Certification Program*:

1. <Full Name>, <Title>, <Highest degree obtained>, institutional email address>
2. <Full Name>, <Title>, <Highest degree obtained>, institutional email address>
3. <Full Name>, <Title>, <Highest degree obtained>, institutional email address>
4. <Full Name>, <Title>, <Highest degree obtained>, institutional email address>
5. <Full Name>, <Title>, <Highest degree obtained>, institutional email address>

The aforementioned nominees are esteemed professors, faculty members, or trainers within our institution, specializing in fields pertinent to the semiconductor industry, and meet the B2-level English proficiency requirement. We nominate them with the expectation that they will implement and disseminate the knowledge gained from this certification program into a semiconductor program within our institution.

Additionally, our institution commits to:

* Providing organizational structure and resources to achieve desired SFC learning goals.
* Supporting our participants through dedicated training time and allocation of additional resources (e.g., financial, technological).
* Implementing an assessment and evaluation plan to measure program effectiveness, including faculty’s ability to apply new knowledge and achieve learning objectives.
* Consider the program proposals from participants to improve curricula with certificates and microcredentials, ensuring students are better prepared for Semiconductor ATP industry needs
* Reporting on these updates to ensure transparency and continuous improvement.

Furthermore, we have approved the necessary time commitment required for the program completion. <Insert institution name> will provide flexibility in scheduling, taking into consideration the anticipated outcomes and benefits of this program.

Thank you for considering our nominees for this program and please let us know if you require any further information.

Sincerely,

<Signature>

<Name>

<Title>

<Institutional Email Address>