PACIFIC LUTHERAN UNIVERSITY
Innovative Teaching Grant
Application Form
2014-2015

Name ___________________________ Date ________________________

Rank ___________________________ Department/School ________________________

Title of Project ___________________________

Total Funds Requested from Provost’s Office $ ______________________
($300 max)

Note: Please include on the reverse the following information:

1) Description of the project, including the affected student population and specific course or courses involved;
2) Method for evaluation;
3) Full statement of budget needs;
4) Time schedule for the project;
5) The date by which a brief final report will be submitted (failure to submit a report will affect consideration of future grants);
6) State the title and amount of prior (and post-August 1999) Innovative Teaching Grants that you were awarded;
7) Any other information of value in considering this award.

____________________________________________________________________
Signature of Faculty Member

I approve this request and affirm that the Department, Division, or School does not have funds for this purpose.

____________________________________________________________________
Signature of Chair

____________________________________________________________________
Signature of Dean

Date Received ________________________ Funds Allocated ________________________
Date Considered ________________________ Report Received ________________________
Approved _________ Denied _________
Innovative Teaching Grant Application Form 2014-2015

Name _________________________________ Date __________________________

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