Please fill out form completely, print back-to-back, obtain signatures, and send to the Provost’s Office for consideration.



***Innovative Teaching Grant***Application Form
**2017-2018**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |

Office of the Provost

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       |  Date |       |

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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):

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