GRANT APPLICATION

Grant for Innovative Teaching
Application Form

Please deliver one original and 3 copies to the Center for Teaching and Learning after all signatures have been obtained.

I. Applicant information (for collaborative projects, include each person involved)

1. Name:_________________________________________
   Department:________________________________________

2. Name:_________________________________________
   Department:________________________________________

3. Name:_________________________________________
   Department:________________________________________

4. Name:_________________________________________
   Department:________________________________________

II. Project Information

Title of Project____________________________________________________________

Starting Date:__________________    Proposed Completion Date:__________________
Requested from CTE: _____Released time for
(semester)________________________

_____Summer Stipend

(session(s))________________________

Specify____________________________________

___Other:

III. Abstract of Project: (no more than fifty words)

Applicant's Signature:__________________________________________________
Date:___________________