

FACULTY EXCELLENCE INITIATIVE COMMITTEE

Faculty Development Course Reassignment Grants- Spring 2009

Cover Page

Applicant Name

College (if applicable)

Department/School/Unit

Campus Box

Campus Phone

Applicant Email address

Paragraph Summary of Project:

Applicant's Signature

Date

Department Chair/
School/Unit Director Signature

Date

Signature implies Chair's/Director's agreement with requirements specified in Guidelines. See items 1 through 3 under "Endorsement by Department Chair/School Director."

College Dean
Signature

Date

Supplemental funding, if required, will be provided by: Department/School ___ College ___