

Faculty Advancement Grant

Proposal Cover Sheet

Project Title: _____

Institution(s): _____

Faculty(s) Name(s) and Title(s): _____

Faculty Department(s): _____

Faculty Address(es): _____

Phone: _____ E-mail: _____

Phone: _____ E-mail: _____

Amount requested: _____

Please check the appropriate box:

Interdisciplinary Studies

Engaged Learning

Blended Learning

Learning-Based Pedagogy

Undergraduate Research (with emphasis on the humanities)

Date pre-proposal or proposal submitted: _____

Proposed grant period: _____

Signature of faculty member(s) submitting proposal _____ Date: _____

Name of Appropriate dept./div. chair(s)

Name of chief Academic Officer(s)

Signature of above chair(s) (For full proposal only)

Signature of Chief Academic Officer(s) (For full proposal only)

Date: _____

Date: _____

Evidence of institutional support is required for each grant proposal in the form of a letter of support from the proposal author's chief academic officer (s). (For full proposal only)

For Office Use Only

Date received _____ By _____

Date sent to review committee _____

Action _____ Notification sent _____