Interdisciplinary Opportunities Mini-Grants
Proposal Cover Sheet

Project Title:

Institution:

Faculty/Staff Name:

Faculty/Staff Department:

Faculty/Staff Address:

Phone: Fax: E-mail:

Student(s) Name(s): Year Classification:

Phone: E-mail:

Amount requested:

Please check the appropriate boxes: _____curricular proposal _____co-curricular proposal
_____planning & implementation ____planning only

Date grant submitted:

Proposed grant period:

Type of project:

Signature of faculty/staff submitting proposal_____ Date _____

Signature of student submitting proposal_____ Date_____

_____ _____
Name of appropriate dept./div. chair Name of Chief Academic Officer:
Or chief student affairs officer

_____ _____
Signature of above chair or officer Signature of Chief Academic Officer

Date_____ Date_____

Evidence of institutional support is required for each curricular mini-grant proposal in the form of a letter of support from the proposal author's Department/Division Chair. For co-curricular proposals institutional support is required in the form of a letter of support from the faulty/staff mentor/sponsor and a letter from the chief student affairs officer. All proposals must be signed by the chief academic office.

For Office use only
Date received_____ By_____
Date sent to review Committee_____
Action_____ Notification sent___