

**Reform of Introductory Science Courses for Non-Majors
MENTORING Mini-Grant Proposal Cover Sheet**

Faculty Contact Name: _____

Institution: _____

Faculty Department: _____

Faculty Address: _____

Phone: _____ Fax: _____ E-mail: _____

Amount requested: _____

Date request submitted to ACS: _____

Signature of faculty submitting proposal _____

Print faculty name if different from faculty contact name _____

Date _____

The approval of the Chief Academic Officer or Academic Dean also is required.

Signature of Chief Academic Officer

Print Name of Chief Academic Officer _____

Date _____

For ACS Office use only

Date received _____ By _____

Date sent to review Committee _____

Action _____ Amount Approved _____

Date check sent _____

Final Report received _____

Please print and return completed form to Beth Bowser, ACS Science Reform Initiative, Associated Colleges of the South, 1975 Century Blvd., Suite 10, Atlanta, GA 30345, FAX: 404-636-9558