APPLICANT INFORMATION

Applicant’s name:__________________________________________________________

Academic rank:________________________________________________________________

Department:____________________________________________________________________

Award Program: _______________________________________________________________________

Project Title: ________________________________________________________________

APPLICATION CHECK LIST

___ CV

___ Project Description

___ Itemized Budget

___ Budget Justification

___ Documentation for Project Completion Grants

Applicant’s Signature:____________________________________________________________________

*Department Chair’s Approval: ____________________________

*Signature of the Chairperson indicates her/his endorsement of the project proposal. It also serves as an agreement that the faculty member can be relieved of teaching duties in one course at the buyout rate offered by the College of Arts and Sciences (if applicable to the proposal).