**Instructional Excellence Grant Proposal Form**
**Cover Sheet**

Title of Proposal:

Type of Proposal: ☑ Individual: ☐ Group:

Project Director:

Department Mail Code:

Other participating faculty members:

Faculty Status: (mark one): ☐ Regular Faculty ☐ Two years or less ☐ Adjunct Faculty

Funds Requested:

Approvals:

_____ _____
Project Director (typed) Project Director (signature)

_____ _____
Department Head (typed) Department Head (signature)
Note: Approval can also be sent via e-mail

Date: