

PROPOSAL
for
Innovative Instructional Technology Faculty Grant

**Development of Academic Course to be Offered On- and Off-Campus
Via the New Technology**

**I. Faculty Member's Name:
Title/Rank:
Campus Address:**

**Campus Telephone:
Campus Fax:
Campus E-mail:**

**Faculty Member's Name:
Title/Rank:
Campus Address:**

**Campus Telephone:
Campus Fax:
Campus E-mail:**

II. Course title and number to be developed (or converted):

Brief course description:

III. Technologies and explanation of how each technology is employed:

IV. Expected contribution of the project:

V. Budget:

Faculty release time

Other personnel (specify)

Travel

Hardware/software

Other supplies/equipment (specify)

TOTAL**Explanation of budget items:****VI. Timetable:**

Beginning/ending date:

Start-up date for new course:

Progress report due:

VII. Approvals:

Faculty member(s) _____ Date _____

_____ Date _____

Department chair _____ Date _____

Dean _____ Date _____

**SUBMIT TO: Provost Judy L. Bonner
Office for Academic Affairs
Box 870114, 254 Rose Administration Building**