

FACULTY INSTRUCTIONAL DEVELOPMENT MINI-GRANT PROPOSAL

First Round Second Round Third Round Fourth Round

Name: _____ **Department:** _____

Rank: _____ **Phone:** _____

Campus Address: _____

Need to be addressed:

Proposed activity and its impact on your instructional development:

Itemize projected expenditures below:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total amount of project: \$ _____

Total funding requested: \$ _____

Matching funds: \$ _____ **(Required)**

PREVIOUS MINI-GRANT SUPPORT (Please indicate the year) _____

Applicant's Signature _____

Department Chair's Signature _____

Please submit this proposal to:

REVIEW COMMITTEE • University Teaching and Learning Center • 159 Mossman