

COLLEGE OF LIBERAL ARTS
FACULTY DEVELOPMENT GRANT FOR REASSIGNED TIME

APPLICATION COVER SHEET

NAME: _____

DEPARTMENT: _____

DATE OF APPLICATION: _____

TITLE OF PROPOSAL: _____

PREVIOUS COLA FDA FUNDING. Please list the number of times in the last five years that you were granted a COLA Faculty Grant Award. Please list the year in which you were granted (rather than the year you used) the Grant and list the years separately (i.e. 2005, 2006, 2007).

SEMESTER PREFERENCE: Semester for which you are requesting the reassigned time, if awarded the Faculty Development Award:

_____ Fall Semester | Year _____
Deadline: November 15, year prior
to reassigned time

_____ Spring Semester | Year _____
Deadline: February 15, year prior
to reassigned time

Your signature below indicates that, if you receive a Faculty Development Award, you will submit a report on the project to the Dean at the end of the awarded semester.

Signature of Applicant

Your Chair's signature below indicates that he/she has been notified you are submitting this application.

Signature of Department Chair

SEND COMPLETED APPLICATION TO COLA DEAN'S OFFICE