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