PROVOST PROGRAM ASSESSMENT FUNDS, 2020-2021 APPLICATION

Name:	School:	Date:	
Title of Project:			
Brief Abstract of Project:			
Background Work:			

Program goal or learning outcomes:				
Assessment Procedures: Describe or attach your instruments (rubrics/tests/checklists, etc.), the steps in				
your process, and the approximate number of student work samples that will be considered.				
Timeline:				

Budget:		
ı.	Salary/Stipend	
	a. Faculty	\$
	b. Student Workers	\$
	c. Other (indicate):	\$
		I. Total: \$
II.	Non-Salary	
	a. Travel	\$
	b. Equipment	\$
	c. Supplies	\$
	d. Registration Fees	\$
	e. Other (indicate):	\$
		II. Total: \$
III.	Other (explain):	\$
		III. Total: \$
		GRAND TOTAL \$
Budget N	arrative:	

Assessment Use: How will your findings be used to support student learning?

I understand that if I should be granted this award, I will administer the project to comply with University Policies and Procedures. Further, I am required to submit a written Annual Report within 30 days following the end of the project and to disseminate the results of my work to the University community.						
Applicant Name	 Signature		 Date			
This program encourages cost share with commitment of funds from the School, the proposal, I indicate my support for the re	ne applicant's Dean must in	ndicate support for the request. By	signing this			
Dean's Signature	 Date	\$ Amount Committed, if ap	propriate			
Submit applications to the Provost O ways	Office via the Program's D that treat programs fairl		ram requests in			