APPLICATION FOR INSTRUCTIONAL TECHNOLOGIES DEVELOPMENT GRANT GRANT REQUEST FOR ___________________ SEMESTER

(to be filed with the Information Technology Division, Cope 003)

Name: ________________________________________________ Date: ______________________

College: _____________________________________________ MTSU Phone: _____________________

Department: ____________________________________________

Have received a previous Instructional Technologies Development Grant/Fellowship:

___ Yes ___ No If so, please indicate Year and Semester: _______ Year _______

Semester Project Title: ____________________________________________________________

In the space below (and on additional sheets, if needed), outline the following:

I. PROJECT DESCRIPTION (including purposed and objectives of project, program design, procedures and methods, timeline for completing the project, etc.)

II. IMPLICATION FOR INSTRUCTIONAL ENHANCEMENT (including method of project evaluation, expected results, etc.)

Signatures of Approval

Applicant: __________________________________ Date: ______________________

Dept. Chair: ________________________________ Date: ______________________

Dean: _____________________________________ Date: ______________________

Note: All of the above signatures should be obtained by the applicant before the copies of the grant are made and submitted.

committee recommendation: ________________________________ Date: ______________________
Total funds authorized: ____________________________________________ Date:

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Comments:______________________________________________________________________________________

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Chair, Instructional Technologies Development Committee

__________________ Date: _____________________

Vice President for Information Technology Information Technology Division

(revised 1/05)