

ITD FELLOWSHIP APPLICATION  
SUMMER \_\_\_\_\_  
(to be filed with the Information Technology Division, Cope 003)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
College: \_\_\_\_\_ MTSU Phone: \_\_\_\_\_  
Department: \_\_\_\_\_

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.

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Committee recommendation: \_\_\_\_\_ Date: \_\_\_\_\_  
Total funds authorized: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Chair, Instructional Technologies  
Development Committee

\_\_\_\_\_ Date: \_\_\_\_\_  
Vice President for Information Technology & CIO  
Information Technology Division

(Revised 1/05)