

APPLICATION FOR INSTRUCTIONAL ENHANCEMENT GRANT

Name(s) of Applicant(s) _____ Date: _____

College: _____ Department: _____

MTSU Phone: _____ MTSU Box: _____ Email address: _____

MTSU Start date: _____ Rank _____

Tenure-track _____ Tenured _____ Year Tenured: _____

- I. **PROJECT DESCRIPTION** (including statement of objectives, methods, and timeline) *attach a separate page if necessary:*

II. DISCUSSION OF BENEFITS OF THE PROJECT:

A. TO THE FACULTY MEMBER

B. TO THE UNIVERSITY

BUDGET:

Applicant(s) has/have received funds from this committee within the last two years.

(Check one) No _____ Yes If yes, Academic Year _____

Comments:

List other grants applied for this academic year:

EXPECTED EXPENSES AND OTHER FUNDING FOR THIS PROJECT

	Committee Amount	Department Amount	Other Source <i>(specify)</i>
A. <u>Salaries</u> <i>(itemized)</i>	_____	_____	_____
B. <u>Equipment</u> <i>(itemized)</i>	_____	_____	_____
C. <u>Supplies and Expenses</u>			
1. Telephone	_____	_____	_____
2. Postage	_____	_____	_____
3. Print/duplicating	_____	_____	_____
4. Art and office supplies	_____	_____	_____
5. Media production	_____	_____	_____
6. Instructional materials and software	_____	_____	_____
7. Rental of equipment	_____	_____	_____
8. Other <i>(itemized)</i>	_____	_____	_____
D. <u>Miscellaneous</u> (Please explain.)	_____	_____	_____
Total Funds Requested (A+B+C+D)	_____	_____	_____

Total Funds Requested from Committee _____
 (Committee Amount less Department Amount and Other Sources)

E. Additional Explanations (if applicable) of budgeted items shown above.

SIGNATURES:

Applicant: _____ Date: _____

Department Chair: _____ Date: _____

College Dean: _____ Date: _____

Committee Recommendation:

_____ Full Funding _____ Partial Funding _____ Denied

Total Funds Approved: _____

Comments: _____

Chair, Instructional Enhancement Committee Date: _____

Vice Provost for Faculty Affairs Date: _____