

**STUDENT LEARNING ASSESSMENT MINI-GRANT**

**PROJECT PROPOSAL APPLICATION**

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| --- | --- |
| **Project Title:** | **Date:** |
| **Project Coordinator:****Department(s):****School:** **Phone:** **e-mail:**  |
| **Name(s) and e-mails of other Project Participants:** |
| **Project Focus and Brief Description (150 words)**** Focus on assessment to improve student achievement on Department/Program Assessment Plan**** Focus on assessment of Information Literacy**** Focus on assessment of a Gen Ed Designator \_\_\_\_\_\_** |
| **Total Amount of Funding Requested: (<$500.)** |

**Student Learning Assessment Mini-Grant Project Details**

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| --- |
| **Problem or Need Addressed by the Project (200 Word Max)** |
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| **Intended Outcomes of the Project and how it will be determined that they have been met (200 Word Max)** |
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| **Activities, Person Responsible and Timeline (200 Word Max)** |
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| **Plans for using Project outcomes to improve student learning/Program quality. (200 Word Max)** |
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**Please attach a copy of your Department/Program’s current Student Learning Outcomes Assessment Plan**

**Student Learning Assessment Mini-Grant Proposal Budget**

(Add or delete rows as needed)

|  |  |
| --- | --- |
| **Description of Budget Item** | **Amount Requested** |
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| 5. | $ |
| 6. | $ |
| Total Amount Requested | $ |

**Signature Page**

If you are submitting an electronic application: Please complete and submit the Signature Page separately in hard copy to Dr. Bruce Brydges – Office of Institutional Effectiveness by August 31, 2013.

If you are submitting a paper application: complete this page and leave it attached to your application.

Title of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This proposed project is consistent with the goals/processes/objectives for our School and Department/Program.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Project Coordinator Date

 X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Chair Date