

**COVER SHEET FOR FACULTY DEVELOPMENT GRANT PROPOSAL**

Please submit completed form as top page of grant proposal through your Dean/Director to the Office of Academic Affairs.

Name(s) \_\_\_\_\_

Department \_\_\_\_\_

Rank \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

School/College \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify other financial support for this activity from your school, department, or other sources \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide an abstract and other information as indicated in the space below. This abstract will become public  
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