CD Grant Application

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to use it as an
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that your application is complete. Incomplete application without further consideration.	ons will be returned to the applicant
 Summary of Prior CD Grants (if applicable) Narrative (formatted as requested) CD Budget Page CD Grant Supervisor's Form(s) 	
Signature of applicant	Date

Signature of Dept. Chair/Director

(if different than applicant)

Please complete the following checklist by placing a check mark against each item to ensure

Date

CD Grant Budget Page

1. Estimated expenses (make sure to include a description of each of the expenses in the narrative). If you are requesting books or DVDs, please provide titles and approximate costs.

<u>ITEM</u>		<u>AMOUNT</u>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total	\$
2.	Stipend(s) requested (see grant descr	ription for specific requirements):
	<u>NAME</u>	<u>AMOUNT</u>
		\$
		\$
		\$
		\$
	Total	\$
3.	Total amount requested:	\$
	(Stipends Requested + Estimated Expenses)

Please note: Materials purchased with CD and ID grant funds, including, for example, software, CDs, and DVDs, are subject to all applicable copyright laws. Faculty members are responsible for upholding these laws. Materials for use in the library collection should be purchased through The Ames Library with allotted departmental funds. For details about copyright issues, please go to http://libguides.iwu.edu/copyright, or

contact the University Librarian or your department's liaison librarian.

CD Grant Supervisor Form

Name of applicant(s)	
Please provide the information below and retu 1. Is/are the course(s) proposed: new to the IWII curriculum?	urn this form to the applicant(s)substantial revision of existing course(s)?
 What part of the curriculum is served by the curriculum is served. 	
major/minor interdisciplinary program(s)	Gen. Ed. elective
3. How frequently will the course be offered?	?
4. Why is this course a welcome addition to t	che curriculum?
5. How will a CD grant support this applicant	t(s)'s professional development as a teacher(s)?
If preferred, the chair/director can submit a for and 5 on this document.	ormal letter of support in lieu of answering questions 4
Signature of supervisor	Date