**Assessment Grant Proposal**

***Please submit separate Assessment Grant Proposal Forms for each program or office.***

|  |  |
| --- | --- |
| Contact Information |  |
| Today's Date: |  |
| Contact Name: |  |
| Phone Number:  |  |
| Email: |  |
| Unit Receiving Funds |
| Department: |  |
| Program/Office: |  |
| Estimated current stage of assessment for this program: |
| \_\_\_ Formative \_\_\_ Emerging \_\_\_ Mature \_\_\_ Exemplary | (*See Funding Request Guidelines for a description of each stage*.) |
| Briefly describe the proposed use of funds and timeline (*funds cannot be used for faculty stipends*):  |
|  |
| Briefly outline the budget:  |
|  |
| Briefly describe how this activity will enhance your assessment efforts: |
|  |

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Signature of individual submitting proposal Chair / Supervisor

Please submit your proposal to Kelley Woods-Johnson, Assessment and Accreditation Coordinator, Rankin Hall 243.

Rev. 7.2.2018