**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