

SUMMER CURRICULUM DEVELOPMENT INITIATIVES  
Proposal Cover Sheet

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title of Proposed Project: \_\_\_\_\_

\_\_\_\_\_

Expected semester of implementation: \_\_\_\_\_

Year of previous Center for Teaching Excellence or Curriculum Development award, if any: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of department chair: \_\_\_\_\_ Date: \_\_\_\_\_