

**Center for Teaching Excellence  
Summer Pedagogy Development Stipends**

**Proposal Cover Sheet**

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

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

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

Number of students expected in course(s): \_\_\_\_\_

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

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

Year of previous CTE award, if any: \_\_\_\_\_

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

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_