

PROVOST ASSESSMENT FUND APPLICATION

NAME:	SCHOOL:	DATE:
TITLE OF PROJECT:		
Brief Abstract of Project (Concise description of the as the assessment activities in the proposed project go be assessment):		
Background Work (Summary of current assessment wo assessment work:	ork, specifically noting improvements ma	nde based on that

Program goal or learning outcomes (Explain how this proposed assessment project specifically maps to the program goals in Section A of the Annual Report and/or the program-level student learning outcomes in Section the Annual Report):	n C o
Timeline (Timeline for the proposed assessment project):	

Budget	:	
I.	Salary/Stipend	
	a. Faculty	\$
	b. Student Workers	\$
	c. Other (indicate):	\$
		I. Total: \$
II.	Non-Salary	
	a. Travel	\$
	b. Equipment	\$
	c. Supplies	\$
	d. Registration Fees	\$
	e. Other (indicate):	\$
		II. Total: \$
III.	Other (indicate):	\$
		III. Total: \$
		GRAND TOTAL \$

Budget Narrative (Explain how the proposed project will benefit the program):

Assessment Use (Future plans for assessment us	ing this project, if	any):		
I understand that if I should be granted this award, I Procedures. Further, I am required to submit a writted disseminate the results of my work to the University	en Annual Report w			
Applicant Name	S	ignature	Date	
This program encourages cost share with the applicant's School, if possible. Whether or not the proposal includes a commitment of funds from the School, the applicant's Dean must indicate support for the request. By signing this proposal, I indicate my support for the request and identify my commitment to a financial contribution to this project.				
 Dean's Signature	Date	\$ Amount Con	nmitted, if appropriate	

Submit applications to the Provost Office via the Program's Dean. Deans will respond to program requests in ways that treat programs fairly and equitably.