COLLEGE OF SCIENCE AND MATHEMATICS

TEACHING INNOVATION INCENTIVE AWARD APPLICATION FORM, 2012-2013

(Include this form with application package. Application due date is 5PM, Friday, December 9, 2011)

Faculty Name ______________________________
Department ______________________________
Title of Teaching Innovation Project _______________________________________________________
                                                                                             
Current Rank __________________________
Years in Rank _________________________

Type of Award Being Requested (check only one):

A) Three hours of re-assigned time_______
   If (A) is checked, indicate semester of re-assigned time (Fall or Spring) ____________

B) Professional support funds ________
   If (B) is checked, indicate amount of reward requested ($3000 maximum) __________

____________________________________________________________________________________

(This section to be completed by Department Chair)

Faculty member’s expected Fall, 2012 teaching assignment, excluding this award: _________ hours
Faculty member’s expected Spring, 2013 teaching assignment, excluding this award: ______ hours

____________________________________________________________________________________

Department Chair Signature ______________________________                      Date _____________
Faculty member Signature _______________________________                     Date ______________