

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) \_\_\_\_\_

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(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

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Department Chair Signature \_\_\_\_\_

Date \_\_\_\_\_

Faculty member Signature \_\_\_\_\_

Date \_\_\_\_\_