Project #\_\_\_\_\_\_\_\_

**Office Use Only**

**200 ESU POOL**

**REASSIGNED TIME PROJECT PROPOSALS**

Faculty Member Name:       Academic Year:

Academic Discipline:       Home Campus:       Dean Name:

**Project Title**:      ­

ESU amount requested: Fall       Spring      ­

**Please complete the following YES/NO questions:**

* Have you ever submitted a similar proposal? Yes [ ]  No [ ]

If yes, enter date:

* Have all evaluation forms from previously funded projects been submitted to the Access Learning & Success office? Yes [ ]  No [ ]  *NOTE: Review of the project proposal is contingent upon submission of evaluation forms for previous projects.*
* Are you receiving reassigned time or extra-pay ESU’s for this project from another source? Yes [ ]  No [ ]  If yes, list additional funding sources
* Are you applying for reassigned time or extra-pay ESU’s for this project from another source? Yes [ ]  No [ ]  If yes, list additional funding sources

**Project Category:**

*Resource Development: \_\_\_ (Complete Part A and Objectives/Outcomes)*

*Curriculum Development: \_\_\_ (Complete Part B and Objectives/Outcomes)*

*Instructional Support: \_\_\_ (Complete Part C and Objectives/Outcomes)*

*Instructional Delivery: \_\_\_ (Complete Part D and Objectives/Outcomes)*

Is this a joint project? Yes [ ]  No [ ]  If yes, list faculty names and disciplines below

*Each faculty member noted below must submit his/her own 200 Pool Proposal Form*

|  |  |
| --- | --- |
| **Name** | **Discipline** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

**PART A: RESOURCE DEVELOPMENT**

*Please provide the requested course information*

**Supplemental Teaching Resources**:

*Please check all that apply*

I. Lecture: II. Laboratory:

Course Title:       Course Number:

Credit Hours:       Credit Hours:

**PART B: CURRICULUM DEVELOPMENT**

*Please provide the requested course/program information*

# Curriculum Work:

# l. Course Outline Update:

    Course Name:               Course Number:       Estimated Credit Hours:

#

# ll. New Course Development:

    Course Name:               Course Number:       Estimated Credit Hours:

# III. Lab Manual Development:

 Course Name:               Course Number:       Estimated Credit Hours:

# Program Work:

# VI.  Program Update/New Program Development:

 Program Title:       Accreditation Agency:

*Attach additional pages/supporting documents as needed*

# VII. Program Self-Study for Accreditation:

Program Title:       Accreditation Agency:

*Attach additional pages/supporting documents as needed*

VIII. Accreditation Follow-up Reports:

Program Title:       Accreditation Agency:

*Attach additional pages/supporting documents as needed*

 IX.  Program Review:

Program Title:       Accreditation Agency:

Expected Submission Date to CADRE:

**PART C: INSTRUCTIONAL SUPPORT**

*Please provide the requested instructional support information*

I. Credit by Examination: Course Title:       Course Number:

II. Faculty Advisor to Chartered Student Club: Name of Student Club:

# III. Special Project Name:

# *Attach additional pages/supporting documents as needed*

**PART D: INSTRUCTIONAL DELIVERY STRATEGIES**

*Please provide the requested course/program information*

IV. New Instructional Delivery Strategies for Lecture courses:

 Course Name:           Course Number:       Lecture Hours:

V. New Instructional Delivery Strategies for all other modes of instruction:

  Course Name:           Course Number:       Lecture Hours:

# FOR ALL PROPOSALS: COMPLETE WORK OBJECTIVES AND EXPECTED OUTCOMES

**1 ESU = 45 clock hours**

**List specific objectives and clock hours in space provided below.** *Attach additional pages/supporting documents as needed*

|  |  |
| --- | --- |
| **Specific Work Objectives** | **Estimated Clock Hours** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**List expected outcomes and measures in space provided below.** *Attach additional pages/supporting documents as needed*

|  |  |
| --- | --- |
| **Expected Outcomes** | Evaluation Measures |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

Expected Completion Date:

**Faculty member is responsible for distribution as follows:**

* Original to: Holly Dufala, Faculty Affairs, District 213 (for submission to the 200 ESU Pool Committee)
* Copy to applicant’s Dean

