

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: (0.5 ESUs/credit hour)

Course Subj: _____
Credit Hours: _____
Total ESUs: _____

II. Laboratory: (0.4 ESUs/credit hour)

Course Number: _____
Credit Hours: _____
Total ESUs: _____

PART B: CURRICULUM DEVELOPMENT

Please provide the requested course/program information

Curriculum Work:

- I. Course Outline Update: (1 ESU per course)
Course Subj: _____ Course Number: _____ Estimated Credit Hours: _____
- II. New Course Development: (1 ESU per credit hour)
Course Subj: _____ Course Number: _____ Estimated Credit Hours: _____
- III. Lab Manual Development: (3 ESUs per lab manual)
Course Subj: _____ Course Number: _____ Estimated Credit Hours: _____

Program Work:

- VI. Program Update/New Program Development: (1-8 ESUs - 1 ESU = 45 clock hours)
Program Title: _____ Accreditation Agency: _____
Attach additional pages/supporting documents as needed.
- VII. Program Self-Study for Accreditation:(1-8 ESUs - 1 ESU = 45 clock hours).
Program Title: _____ Accreditation Agency: _____
Attach additional pages/supporting documents as needed
- VIII. Accreditation Follow-up Reports: (1 ESU)
Program Title: _____ Accreditation Agency: _____
Attach additional pages/supporting documents as needed
- IX. Program Review: (1-4 ESUs 1 ESU = 45 clock hours)
Program Title: _____ Accreditation Agency: _____

Expected Submission Date to CADRE: _____

PART C: INSTRUCTIONAL SUPPORT

Please provide the requested instructional support information I.

- Credit by Examination: (0.5 ESUs) Course Subj: _____ Course Number: _____
- II. Faculty Advisor to Chartered Student Club: (0.5 ESUs / sem.) Student Club: _____
- III. Special Project Name: (1-3 ESUs depending on hours worked) _____
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: (0.5 ESUs)
Course Subj: _____ Course Number: _____ Lecture Hours: _____
- V. New Instructional Delivery Strategies for all other modes of instruction: (0.4 ESUs)
Course Subj: _____ 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, Project Manager, Faculty Affairs, District 213 (for submission to the 200 ESU Pool Committee) holly.dufala@tri-c.edu
- Copy to applicant's Dean

Office Use only:	Comments:
Committee Recommendation:	
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Date: _____	

Additional Information

Use this space to provide additional Information or project clarification