



Faculty Member's Information:

Name: _____ Campus Address: _____

Preferred Prefix: Dr. ___ Mrs. ___ Ms. ___ Mr. ___ Email: _____

School of: _____ College: _____

Office Professional: _____ Email (OP): _____

Summary of Project: (attach additional sheets to this form as needed)

What is the goal and scope of the project?

How will this project improve the classroom environment and/or methods of instruction?

Timeline of activities, deadline(s), etc. (attach any supplemental information as needed)

Describe how this project supports UCM's mission:

Estimated Expenses (Please attach documentation of item(s) and cost)

ITEM(S)/DESCRIPTION	ESTIMATED EXPENSE
TOTAL	

Additional Sources of Funding? Yes No

School: \$ _____

Other: \$ _____

College: \$ _____

Faculty Member's Signature

Date

School Chair's Signature

Date

Dean's Signature

Date

Please submit this completed application to:

Carol Knight, Interim Director cknight@ucmo.edu JCKL 1440 660-543-4385

DLII USE ONLY: DLII Funding: ___ No Award ___ Funds Awarded - Amount \$ _____

Director, Digital Learning & Instructional Innovation

Date