



Faculty Development Program Cover Sheet

UW Oshkosh Faculty Development Program

APPENDIX C

1. Project Title (Abbreviate to 25 character max) _____ Application Date (mo.day/yr.) ___/___/___	For Faculty Development Use Proj. # _____ Div. Code _____ Dept. Code _____ CAS Awd _____ Aux Support Award _____ Reassigned Time _____ Proj Eval Date ___/___/___
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2. Component (Check One)

Teaching	<input type="checkbox"/>	Off Campus	<input type="checkbox"/>	Faculty College	<input type="checkbox"/>	Sabbatical	<input type="checkbox"/>	Other	<input type="checkbox"/>
Research	<input type="checkbox"/>	Extramural	<input type="checkbox"/>	Academic Staff	<input type="checkbox"/>	UW System	<input type="checkbox"/>		<input type="checkbox"/>

3. Methodology:

Check the appropriate research methodology if the proposal is being submitted under the Research Component.

Quantitative	<input type="checkbox"/>	Qualitative	<input type="checkbox"/>	Both	<input type="checkbox"/>	Neither	<input type="checkbox"/>
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4. Faculty Participant(s) (Budget requirements must be explained in proposal narrative)

Name	1. _____	2. _____	3. _____
Soc. Sec. #	1. _____	2. _____	3. _____
Department	1. _____	2. _____	3. _____
CAS Requested (in %)	1. _____	2. _____	3. _____
Reassigned Time Requested	1. _____	2. _____	3. _____
Signature, Dept. Chair	1. _____	2. _____	3. _____
Signature, Dean/Unit Head	1. _____	2. _____	3. _____

5. Auxiliary Support Budget (Budget requirements must be explained in proposal narrative)

Category	Request	Category	Request
Student Help	\$ _____	Supplies	\$ _____
Lodging (exclude meals)	\$ _____	Minor Equipment	\$ _____
Consultant (Honorarium non-UW employee)	\$ _____	Registration Fee	\$ _____
Consultant (UW employee, see instructions)	\$ _____	Car Rental (see travel policy)	\$ _____
Travel/Airfare	\$ _____	Total	\$ _____

6. Project Period

Summer 2008		Fall 2008			Spring 2009			Summer 2009	
I	II	I	II	III	I	II	III	I	II