

ITTERMAN PROFESSIONAL DEVELOPMENT

Cover Sheet for Proposal

Please Type Form

FACULTY INFORMATION:

Name: _____ Title: _____

Department: _____ Phone: _____

PROPOSAL TITLE: _____

AMOUNT REQUESTED : \$ _____

SIGNATURES:

Faculty Member (Date)

Department Chair/Program Director (Date)

PROPOSAL CHECKLIST

- Cover Sheet (this page)
- Project Narrative (2 double-spaced pages maximum)
- Budget and Budget Justification (1 page maximum)