Assessment Fellows Grant 2017-18
Proposal Cover Sheet

Application Date (Month/Day/Year):

A. Principal Investigator:

Applicant's Department:

College or Division:

Telephone:

E-mail:

B. If Joint Application

Co-Investigator:

Department:

College or Division:

Telephone:

E-mail:

D. Title of Project (limited to 60 characters and spaces):


E. Initiation and Completion Dates for Project:

Initiation Date:

Completion Date:

F. Total Funds Requested: $

G. Approval Signatures:

Signature of PI: ___________________________ Date: ____________

Signature of Chair: ___________________________ Date: ____________

Signature of Dean: ___________________________ Date: ____________

(the signature of the chair and dean indicate project approval)

Please Note: Your proposal application, attached to this cover sheet, must not exceed four pages with normal font size, (i.e. #11 or higher). If you have questions about your proposal application or its requirements, please contact the Office of Assessment and Undergraduate Studies at 387-4564 or by e-mail to david.reinhold@wmich.edu