



UNIVERSITY ASSESSMENT CENTER
2016-2017 CDI APPLICATION FORM

This form needs to be submitted along with the proposal.

COLLABORATIVE PROPOSAL:

Yes
 No

FACULTY AND/OR ADMINISTRATOR INFO:

Name _____ Email Address _____

Academic Rank/Administrative Title _____ Phone Number _____

College/School _____ Dept./Division _____

Highest Degree Attained _____ Date Degree Attained _____

Date of SHU full-time employment _____ Employee ID# _____

Faculty Status: Junior/Untenured Faculty Senior/Tenured Faculty

Submission Status: Have received prior CDI award Have not received prior CDI award

PROJECT INFORMATION:

Title of Project: _____

Amount Requested: \$ _____

REQUIRED SIGNATURES

FACULTY:

DEPARTMENT CHAIR/ PROGRAM DIRECTOR:

All applications must be received by the University Assessment Center by Monday, September 26, 2016, at 4:45 PM, via the following email address: assessment@shu.edu. No proposals will be accepted after the closing date. Please contact Agata Wolfe, agata.wolfe@shu.edu, or Dr. Mitra Feizabadi, Mitra.Shojania-Feizabadi@shu.edu, with any questions.

Approved Date: _____

Approved Amount: _____