ACADEMIC PROGRAM DIRECTOR'S LETTER OF SUPPORT VITAL MINIGRANT PROPOSAL 2024-2025: TEMPLATE

 Applicant Name (First, Last):

 Department/Academic Program:

 Applicant Name (First, Last):

 Department/Academic Program:

Title of Grant Project: ______

Please use the following template to provide feedback on the proposed instructional grant project.

The proposed project	Yes	No
aligns with University learning goals.		
advances the educational goals of the academic program.		
has a significant impact on the students' learning experience.		
presents a new teaching approach for the faculty and/or academic program.		
will be sustained, i.e., offered on regular basis with appropriate level of student enrollment		
requires additional resources from the academic program.		
New course development only: outlines why/how the new course is important to the academic program curriculum and establishes potential for sustainability, i.e., continued offering and student enrollment.		

LEVEL OF SUPPORT:

____Support without Reservation ____Support with Reservation: ____Do Not Support

Please elaborate:

Academic Program Director's Signature:

Date:

Please submit the completed Letter of Support (PDF) directly to the VITAL office at <u>vitalinfo@villanova.edu</u> by Friday, March 15 at the latest. Thank you!