

COVER PAGE

Application for 2024 - 2025 Minigrant Villanova Institute for Teaching and Learning (VITAL)



I. Title of Project _____

II. Succinct Description of Project, including desired impact on students' learning (*limited to 75 words*):

III. Faculty Member(s) Submitting Proposal:

Name (First, Last) _____ Title: _____
Department/Academic Program _____
Name (First, Last) _____ Title: _____
Department/Academic Program _____

IV. Nature of Project: Please check as appropriate

(a) Revision of Existing Course ____ (b) Development of New Course ____ (c) Other ____ Please explain

V. Course(s) Affiliated with Project:

Course # _____ Title _____ # of Students Enrolled _____
Course # _____ Title _____ # of Students Enrolled _____

VI. Semester the Project Will Be Offered for First Time: _____

VII. Timeline for Continuous Project Offering: _____

VIII. Application to other University/College Funded Grant Program(s): Yes ____ No ____

Application to External Grant Program Yes ____ No ____

If Yes, please explain: _____

IX. Signatures of Faculty Applicant(s), Department Chair, and/or Academic Program Director:

Faculty Member(s) Submitting Proposal

Date _____
Date _____

Department Chair and/or Academic Program Director

Date _____
Date _____