Name: ______________________  Campus Phone: ________________
Email: ______________________  Academic Rank: ________________
Department: __________________  College: __________________
Semester Requested (Choose one only): ______ Fall 2009  ______ Spring 2010  _____ Either
Project Title: __________________

Briefly describe your project in the space below. Specify goal(s), project activities, timeline, and the impact on students as well as the number of students impacted (10 point type minimum). Indicate how your project supports Vision 2010 and SJSU’s strategic planning goals.

Assessment Plan:

My signature below indicates that release time for this project has not been funded by another source and this project will not require any additional department/college resources not specified in this proposal.

Applicant's Signature ______________________  Date _____________

My signature below indicates that I have read and approve of this proposal. This faculty can be released for the work requested.

Department Chair's Signature ______________________  Date _____________

Dean's Signature ______________________  Date _____________

This application (original and 12 copies) must be received in the Office of the Provost (ADM 174) by noon, April 3, 2009.