

Summer Instructional Development Fellowship Application

Office of Academic Affairs and Dean of the Faculties

Deadline: Friday, January 30, 2009

1. Name: _____

Rank: _____ Department: _____

Campus Address: _____ Telephones: _____

2. Title of Project:

3. Abstract: (Limited to this space or 120 words.)

4. References: One letter of recommendation on a Dean of the Faculties Recommendation Form is required (see attached). List below the name, address, and phone number of the person from whom we should expect to receive this letter:

Name: _____

Address: _____

Phone Number: _____

5. Unit Support: A Unit Support Statement must be completed by your departmental chair or school dean and forwarded to the Dean of the Faculties. (see attached)

6. Description of Project: (Limit: 1500 words)

Include the following issues in your description of the project:

- a) Description: What is it you plan to do and how do you plan to go about it? What are essential activities involved in the project?
- b) Rationale: Give reasons that justify awarding funds for this project, such as your pedagogical needs, innovative approach, anticipated impact on students, research question to be investigated.
- c) Resources: If your project requires special equipment or resources (audio-visual equipment, computer hardware or software, instructional consultants), outline and justify these anticipated needs.
- d) Assessment: How do you plan to evaluate the project to know whether it has produced the desired results?
- e) Dissemination: How do you plan to disseminate the results of your project to the IU faculty and student community?
- f) Adoption: What is the likelihood that results of the project, if successful, will be continued in the future without special grant support?
- g) Individuals/Courses Affected: Please identify: a) course(s); b) approximate number and level of students affected each year (undergraduates, graduates); c) other faculty members involved (such as for team teaching proposals).

Please have the chair of your department and the dean of your school endorse this proposal below before submitting it to the Office of Academic Affairs and Dean of the Faculties, Bryan Hall 111, Bloomington, IN., 47405.

Chair: _____ Date: _____

Dean: _____ Date: _____

Unit Support Statement
for
Summer Instructional Development Fellowship Application

Applicant: _____ Department: _____

Project title: _____

This form is to be completed by the departmental chair or school dean. The statement should indicate:

- 1) The commitment of the unit to the project;
- 2) The contribution of the unit to the direct or indirect costs of the project;
- 3) How the project fits the long-term curriculum plans of the unit;
- 4) Recommendations that also address originality of the project; instructional need; potential impact on students; feasibility (competency of investigator, prospects of accomplishment); timeliness (for applicant's career, project); overall quality (concept, planning, long-term influence).

Signature: _____

Name: _____

Title: _____

Please return by **Friday, January 30, 2009**, to the Office of Academic Affairs and Dean of the Faculties, Bryan Hall 111, Indiana University, Bloomington, IN., 47405.

Letter of Recommendation
for
Summer Instructional Development Fellowship Application

Applicant's name: _____ Department/School: _____

Title of project: _____

The above named individual is applying for an Indiana University-Bloomington Summer Instructional Development Fellowship and has listed you as a reference. We would appreciate your comments on the dimensions listed below and any additional information you can provide to help evaluate the applicant's proposal. It is expected that the applicant will supply you with information about the proposal that you will need in order to prepare this recommendation.

Circle the appropriate number:

	<u>Dimension</u>	<u>Low</u>				<u>High</u>
1.	Originality	1	2	3	4	5
2.	Instructional Need	1	2	3	4	5
3.	Potential impact on students	1	2	3	4	5
4.	Timeliness (for applicant's career, project)	1	2	3	4	5
5.	Feasibility (competency of investigator, prospects of accomplishment)	1	2	3	4	5
6.	Overall quality (concept, planning, long-term influence)	1	2	3	4	5

Please write below any comments regarding:

1. Originality:

2. Instructional need:

3. Potential impact on students:

4. Timeliness (for applicant's career & unit):

5. Feasibility (competency of investigator, prospects of accomplishment):

6. Overall quality (concept, planning, long-term influence):

Name of reference: _____ Signature: _____

Rank or title: _____

Address: _____ Date: _____

Please return this application by **Friday, January 30, 2009**, to the Office of Academic Affairs and Dean of the Faculties, Bryan Hall 111, Indiana University, Bloomington, IN., 47405.