

The Fund for Support of Innovations in Teaching and Learning

ITL APPLICATION COVER PAGE

Applicant(s): Please list the name and department of the faculty/staff applying for this ITL Grant. Check the box after department if you have previously received an ITL Grant.

Previous recipient

(1) Name: _____ Department: _____

(2) Name: _____ Department: _____

(3) Name: _____ Department: _____

Title: _____

Description:

FYI: This will be posted on-line, as received, with the title of your project.

Length of Project: _____ Anticipated Start Date: _____ Anticipated End Date: _____
(maximum 24 months)

Budget Information:

_____	Faculty/Staff Stipend(s)	_____	Student Wages
_____	(Stipends will NOT be paid until the final report is received.)	_____	Services
_____	*OPE 8%	_____	Supplies
_____	Other anticipated expenses– please specify:	_____	Travel

		Total funding requested:	<input type="text"/>

*OPE is charged at a reduced rate (8%) on all faculty and staff stipends; OPE does **not** apply to student wages.

Will this grant include student workers or research assistants? Yes No

*If yes, please note that students should **not** start work until they are set up to be paid by the college.*

Have applicants who are staff discussed their participation with their supervisor? Yes No

Does this project involve international travel with a student? Yes No

If yes, please see: <http://www.whitman.edu/offices-and-services/off-campus-studies>

Is this a research project that involves human participants? Yes No

If yes, please see: <http://www.whitman.edu/offices-and-services/provost/faculty-development-and-support/institutional-review-board>

Do you have other funding for this work? Yes No

If yes, please give a brief explanation: