

Curriculum Development Grant Supervisor's Form

Name of Applicant(s) _____

Category of Grant:

_____ Individual
_____ Group

Please provide the information requested below, and return this form and your letter to the applicant(s).

- Is/are the proposed course(s) _____ new to the IWU curriculum?
_____ substantial revision(s) of existing course(s)?

Please Comment _____

- How frequently will the proposed course(s) be offered? _____

- Please attach a brief statement of support addressing the significance and desirability of the proposed course(s) to your department or program's curricular offerings, as well as the applicant(s)' qualifications to develop the course(s).

Signature of Supervisor _____ **Date** _____