



VALPARAISO UNIVERSITY
Committee to Enhance Learning and Teaching
Application Cover Sheet

Please provide the information requested on this sheet, obtain necessary signatures, and return to the Provost's Office, Kretzmann Hall 107.

Name of Applicant

Academic Rank Highest Degree Attained

Years of Service to the University E-mail

College Department

Office Location and Phone Date of Application

CELT grant(s) to which application is (are) being made (please check):

☐ Teaching/Learning Expense Grant

☐ Travel Grant

Total funds requested from CELT: \$

Are you applying for other funds in conjunction with this application? ☐ Yes ☐ No

If yes, indicate amount and source

Type of project or title

Are you purchasing software with this grant? ☐ Yes ☐ No

If yes, what software will be purchased?

If yes, IT approval of software to be purchased:

Reviewed by chair/dean _____ Date _____

Signature of applicant _____ Date _____

Note: Your attached application must include:

- i) An abstract of proposed use of funds (typed, not to exceed 100 words)
- ii) Project description (as described in the Grant Application Process)
- iii) Budget
- iv) Statement of support from dean/department chair

THIS SECTION IS TO BE COMPLETED BY THE OFFICE OF THE PROVOST

Date Received _____ Complete upon Receipt? Yes ____ No ____