

Professional Development Grant Chair's Response Form

Submit this completed form to doc@stolaf.edu by the third Wednesday in October (for projects to be completed during interim and spring semester) or the second Monday in March (for projects to be completed during summer and fall semester).

Name of Applicant(s):

Department(s) of Applicant(s):

Your Name:

Date:

Please review the Professional Development Grant materials and address the following four questions:

1. What is the significance of this project? If pertaining to a group proposal, what will be the impact? If for an individual faculty member, how will it advance his/her/their career? (100 words or less)

2. Do you have any concerns about: 1) the ability of the applicant(s) to complete the project within the timeframe of the grant period; 2) the quality of the proposal; 3) the proposed budget (100 words or less)?

3. If this application supports an individual colleague with a term appointment, have you suggested they discuss funding with their Associate Dean(s)?

4. Do you approve of this application?
 - ◇ Yes, without reservations
 - ◇ Yes, with reservations
 - ◇ No