

SoTL Faculty Fellowships Cover Sheet

Name: _____

Rank: _____

Department: _____

Title of Project: _____

SoTL Faculty Fellowship Area of Focus:

Community Cultural Ethical General ____

Engagement ____ Competence ____ Leadership ____

Total funds requested: \$_____

Applicant Signature: _____

Department Head Signature: _____

College Dean Signature: _____