

2020-2021 APPLICATION FORM

Technology Enhanced Awards for Teaching and Learning (TEATL) School Of Dentistry, University of Minnesota

Complete this PDF application utilizing Adobe Acrobat Reader/Adobe Acrobat Professional software. Please make sure that your application is signed and dated by you, your collaborator(s), Division director and Department Chair.

Submit paper version of the digitally signed application form by January 11,2021 to: Maureen Lovestrand, mlove@umn.edu, School of Dentistry, University of Minnesota.

Project Title:

Faculty Name (s):

Division:

Department:

Campus Address:

Phone Number:

E-Mail Address:

Project Abstract:

Background Information: Provide information relevant to the instructional/curricular impact of the proposed project. List the course(s) and target audience that will be affected by this project. Include information as to the level, audience frequency, and typical enrollment of the course(s) involved. Describe the role of the course(s) in the program/division/department curriculum and its relationship to the overall school of dentistry vision and mission.

Project Description: Describe what you plan to do, what you expect to produce, what make the project innovative, and what impact you believe it will have on the learning experience of your students.

Evaluation: Indicate how you will measure the effectiveness of your completed project.

Time Table: Specify the project implementation schedule starting in January 2021 and ending in June 2021. Indicate the semester and year in which the project deliverable will become available to students.

Budget: Itemize all of the required resources and equipment for your project. Faculty salaries will not be supported from this source. As per the University of Minnesota's regulations, all equipment purchased from the university funds are the university property and should be used accordingly.

Expense Description	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

First Faculty Signature: _____ Date _____

Second Faculty Signature: _____ Date _____

Division Director Signature: _____ Date _____

Department Chair Signature: _____ Date _____