

**Summer Instructional Development Fellowship Application**

**Office for Faculty and Academic Affairs**

Deadline: Friday, January 29, 2010

1. Name: \_\_\_\_\_

Rank: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Telephones: \_\_\_\_\_

2. Title of Project:

\_\_\_\_\_  
\_\_\_\_\_

3. Abstract: (Limited to this space or 120 words.)

4. References: One letter of recommendation on a Faculty and Academic Affairs Recommendation Form is required (see attached). List below the name, address, and phone number of the person from whom we should expect to receive this letter:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

5. Unit Support: A Unit Support Statement must be completed by your departmental chair or school dean and forwarded to the Office for Faculty and Academic Affairs. (see attached)

6. Description of Project: (Limit: 1500 words)

Include the following issues in your description of the project:

- a) Description: What is it you plan to do and how do you plan to go about it? What are essential activities involved in the project?
- b) Rationale: Give reasons that justify awarding funds for this project, such as your pedagogical needs, innovative approach, anticipated impact on students, research question to be investigated.
- c) Resources: If your project requires special equipment or resources (audio-visual equipment, computer hardware or software, instructional consultants), outline and justify these anticipated needs.
- d) Assessment: How do you plan to evaluate the project to know whether it has produced the desired results?
- e) Dissemination: How do you plan to disseminate the results of your project to the IU faculty and student community?
- f) Adoption: What is the likelihood that results of the project, if successful, will be continued in the future without special grant support?
- g) Individuals/Courses Affected: Please identify: a) course(s); b) approximate number and level of students affected each year (undergraduates, graduates); c) other faculty members involved (such as for team teaching proposals).

Please have the chair of your department and the dean of your school endorse this proposal below before submitting it to the Office for Faculty and Academic Affairs, Bryan Hall 111, Bloomington, IN., 47405.

Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit Support Statement**  
**for**  
**Summer Instructional Development Fellowship Application**

Applicant: \_\_\_\_\_ Department: \_\_\_\_\_

Project title: \_\_\_\_\_

This form is to be completed by the departmental chair or school dean. The statement should indicate:

- 1) The commitment of the unit to the project;
- 2) The contribution of the unit to the direct or indirect costs of the project;
- 3) How the project fits the long-term curriculum plans of the unit;
- 4) Recommendations that also address originality of the project; instructional need; potential impact on students; feasibility (competency of investigator, prospects of accomplishment); timeliness (for applicant's career, project); overall quality (concept, planning, long-term influence).

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please return by **Friday, January 29, 2010**, to the Office for Faculty and Academic Affairs, Bryan Hall 111, Indiana University, Bloomington, IN., 47405.

**Letter of Recommendation**  
**for**  
**Summer Instructional Development Fellowship Application**

Applicant's name: \_\_\_\_\_ Department/School: \_\_\_\_\_

Title of project: \_\_\_\_\_

The above named individual is applying for an Indiana University-Bloomington Summer Instructional Development Fellowship and has listed you as a reference. We would appreciate your comments on the dimensions listed below and any additional information you can provide to help evaluate the applicant's proposal. It is expected that the applicant will supply you with information about the proposal that you will need in order to prepare this recommendation.

Circle the appropriate number:

|    | <u>Dimension</u>  | <u>Low</u> |   |   |   | <u>High</u> |
|----|---|------------|---|---|---|-------------|
| 1. | Originality   | 1          | 2 | 3 | 4 | 5           |
| 2. | Instructional Need  | 1          | 2 | 3 | 4 | 5           |
| 3. | Potential impact on students  | 1          | 2 | 3 | 4 | 5           |
| 4. | Timeliness (for applicant's career, project)                          | 1          | 2 | 3 | 4 | 5           |
| 5. | Feasibility (competency of investigator, prospects of accomplishment) | 1          | 2 | 3 | 4 | 5           |
| 6. | Overall quality (concept, planning, long-term influence)              | 1          | 2 | 3 | 4 | 5           |

Please write below any comments regarding:

1. Originality:

2. Instructional need:

3. Potential impact on students:

4. Timeliness (for applicant's career & unit):

5. Feasibility (competency of investigator, prospects of accomplishment):

6. Overall quality (concept, planning, long-term influence):

Name of reference: \_\_\_\_\_ Signature: \_\_\_\_\_

Rank or title: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application by **Friday, January 29, 2010**, to the Office for Faculty and Academic Affairs, Bryan Hall 111, Indiana University, Bloomington, IN., 47405.