



Lincoln University

PROPOSAL SUBMISSION FORM

PROPOSAL TITLE (Brief descriptive title of proposed activity)	(check one) New Activity <input type="checkbox"/> Revised Activity <input type="checkbox"/>															
PROPOSAL SUMMARY (100-150 words: Describe goal, how it will impact present system, primary beneficiaries, instructional methodologies, educational mission. Reference any supporting information attached.)	Date Proposal Submitted <hr/> Anticipated Date of Implementation <hr/> POPULATION AFFECTED (Check all that apply and supply approximate number) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">#</th> </tr> </thead> <tbody> <tr> <td>Undergrads</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Grad. Students</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Faculty / Staff</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other(specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <hr/> <hr/>		Yes	#	Undergrads	<input type="checkbox"/>	_____	Grad. Students	<input type="checkbox"/>	_____	Faculty / Staff	<input type="checkbox"/>	_____	Other(specify)	<input type="checkbox"/>	_____
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Faculty / Staff	<input type="checkbox"/>	_____														
Other(specify)	<input type="checkbox"/>	_____														
PROPOSAL RATIONALE (1-2 sentences: Describe the demand/need for proposed activity and how known. Include such items as student interest, employment opportunities, post-graduate opportunities, future projections.)	OUTCOME EVALUATION (Briefly describe how you plan to measure success; include formative/ summative/ quantitative and/or qualitative assessment measures)															
RESOURCES REQUIRED New EQUIPMENT yes <input type="checkbox"/> no <input type="checkbox"/> Specify _____ _____ New STAFF yes <input type="checkbox"/> no <input type="checkbox"/> Specify _____ _____ Projected Annual Budget: \$ _____ Budget Narrative (Explain how proposal uses available resources, how effective and efficient it is with respect to operational costs, how it compares to other similar programs within the institution, etc.)	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:25%;">Approvals</th> <th style="width:25%;">Date</th> <th style="width:50%;">Signatures</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Dept.</td> <td></td> <td style="text-align: left;">Chair</td> </tr> <tr> <td style="text-align: left;">School</td> <td></td> <td style="text-align: left;">Dean</td> </tr> <tr> <td style="text-align: left;">Ed. Policies</td> <td></td> <td style="text-align: left;">Chair</td> </tr> <tr> <td style="text-align: left;">Faculty</td> <td></td> <td style="text-align: left;">VP/Academic Affairs</td> </tr> </tbody> </table>	Approvals	Date	Signatures	Dept.		Chair	School		Dean	Ed. Policies		Chair	Faculty		VP/Academic Affairs
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↓ for Educational Policies Committee Use Only ↓

Additional Information needed before decision: _____

Approved: **Date** _____

Rejected: **Date** _____

Reason for rejection: _____