

SSCRI Acceptance Form

Project: [Course(s)]

1) Names of full-time faculty to receive stipends at end of [Month, Year]:

\$ Amount Name(s)

2) Number of students to be involved in pilot class(es) in [Semester, Year]: _____

By submitting this form we acknowledge that the course redesign work should be substantially completed by the end of [Month, Year], and the course will be piloted in [Semester, Year] with a final report including the redesign, our assessment of the effectiveness of the redesign, lessons learned, and recommendations will be due to the Provost's office at the end of the [Semester, Year] semester.