### Assessment Fellows Grant 2019-20
#### Proposal Cover Sheet

**A.** Principal Investigator: 
**Applicant's Department:** 
**College or Division:** 
**Telephone:** 
**E-mail:** 

**B.** If Joint Application 
**Co-Investigator:** 
**Department:** 
**College or Division:** 
**Telephone:** 
**E-mail:** 

**D.** Title of Project (limited to 60 characters and spaces): 

**E.** Initiation and Completion Dates for Project: 
**Initiation Date:** 
**Completion Date:** 

**F.** Total Funds Requested: $ 

**G.** Approval Signatures: 
- **Signature of PI:** Date: 
- **Signature of Chair:** Date: 
- **Signature of Dean:** Date: 
  (the signature of the chair and dean indicate project approval)

**Please Note:** Your proposal application, attached to this cover sheet, must not exceed four pages with normal font size, (i.e. #11 or higher). If you have questions about your proposal application or its requirements, please contact the Office of Assessment and Undergraduate Studies at 387-4564 or by e-mail to david.reinhold@wmich.edu