

## Cover page for Otilie Schillig Special Teaching Projects

Title of Proposed Project:		
Project Director (PD) Name:	PD Phone Number:	PD Email:
PD Department:	PD College:	Estimated # of Students Impacted each Semester:
Requested Amount from Schillig Funds (\$ 3,000.00 maximum):	Cost Share Amount (optional):	Total Amount for Project:
PD Signature:		Date:
Department Head Signature (if cost share included):		Date:
Co-PD Name:	Department:	Email Address:
Co-PD Name:	Department:	Email Address:
Co-PD Name:	Department:	Email Address:
Center for Innovation in Teaching Excellence Use Only		
Date Received:	CITE Proposal Number:	File Location: