



The Catholic Thought and Culture Faculty Development Program  
Faculty Course Development Grant

Application Cover Sheet

Applicant Name:

Applicant Title:

Department:

SU Address and Phone No.:

SU E-mail Address:

Names/Affiliations of Additional Research Group Members:

Project Title:

Total Amount Requested:

Other source(s) funding for this project:

Date of Application Submission:

Applicant's signature

Date

Department Chair's signature (if applicable)

Date

Dean's signature

Date