

# 2022 APPLICATION FORM

## Technology Enhanced Awards for Teaching and Learning (TEATL) School Of Dentistry, University of Minnesota

Complete this PDF application utilizing Adobe Acrobat Reader/Adobe Acrobat Professional software. Please make sure that your application is signed and dated by you, your collaborator(s), Division director and Department Chair.

**Submit a single PDF of the signed (electronic signature is acceptable) application form by January 31,2022 to: Julia Cross, cros0183@umn.edu, School of Dentistry, University of Minnesota.**

**Project Title:**

**Faculty Name (s):**

**Division:**

**Department:**

**Campus Address:**

**Phone Number:**

**E-Mail Address:**

**Project Abstract:**

**Background Information:** Provide information relevant to the instructional/curricular impact of the proposed project. List the course(s) and target audience that will be affected by this project. Include information as to the level, audience frequency, and typical enrollment of the course(s) involved. Describe the role of the course(s) in the program/division/department curriculum and its relationship to the overall school of dentistry vision and mission.

**Project Description:** Describe what you plan to do, what you expect to produce, what make the project innovative, and what impact you believe it will have on the learning experience of your students.

**Evaluation:** Indicate how you will measure the effectiveness of your completed project.

**Time Table:** Specify the project implementation schedule starting in May 2022 and ending in December 2022. Indicate the semester and year in which the project deliverable will become available to students.

**Budget:** Itemize all of the required resources and equipment for your project. Faculty salaries will not be supported from this source. As per the University of Minnesota's regulations, all equipment purchased from the university funds are the university property and should be used accordingly.

<b>Expense Description</b>	<b>Cost</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total</b>	_____

First Faculty Signature: \_\_\_\_\_ Date \_\_\_\_\_

Second Faculty Signature: \_\_\_\_\_ Date \_\_\_\_\_

Division Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_