



INSTITUTE FOR
CATHOLIC THOUGHT AND CULTURE

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