



**CENTER  
FOR  
INNOVATION**

**METROPOLITAN STATE  
COLLEGE of DENVER**

CENTER FOR INNOVATION  
FACULTY FELLOWS PROGRAM  
**APPLICATION COVER SHEET**  
**ATTACHMENT A**

Name: \_\_\_\_\_ 900#: \_\_\_\_\_

Course/Project Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Department/College: \_\_\_\_\_

Campus Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

COURSES TO BE REVISED OR DEVELOPED (if applicable):

NEW COURSE

Expected title and course level (100, 200, 300, 400, 500):

REVISED COURSE

Course number and title:

Anticipated date course/project will be offered

Amount requested \_\_\_\_\_

COMPONENTS: Attach as separate documents: (a) cover sheet with abstract; (b) narrative description of the course/project; (c) narrative budget; (d) letter of support

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant

Signatures by the department head and dean indicate support of the terms of the proposal.

\_\_\_\_\_ Date: \_\_\_\_\_

Department Chair

\_\_\_\_\_ Date: \_\_\_\_\_

Dean of School