SHIPPENSBURG UNIVERSITY

CHANGING THE TEACHING AND LEARNING PARADIGM

THROUGH USE OF TECHNOLOGY

2017-2018

**Project Title:** Click here to enter text.

**Project Location:** Click here to enter text.

**Tech Fee Category #(s):**

#1 Use of Technology - a. Innovative

b. Library Databases and subscriptions

c. Instructional facility support

d. Computer lab support

#2 Scientific-intensive Equipment

#3 New or Significant Augmentation of a Technology Enhanced Classroom/Teaching Facility

**Total Grant Amount Requested:** $Click here to enter text.

**Project Contact(s): Please list each individual to receive notification of the results of the proposal process,**

**starting with the main point of contact for the project.**

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| Name | Click here to enter text. | Name | Click here to enter text. |
| Department | Click here to enter text. | Department | Click here to enter text. |
| E-mail address | Click here to enter text. | E-mail address | Click here to enter text. |
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| Phone number | Click here to enter text. | Phone number | Click here to enter text. |

**Abstract – (A brief 1 paragraph summary of the project)**

Click here to enter text.

1. **Project Description:**

Click here to enter text.

1. **Academic program(s) to be enhanced by the proposed project:**

Click here to enter text.

1. **Description of the student population to be served:**
   1. **What course(s) would be enhanced by the funding of this proposal?**

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| --- | --- | --- | --- |
| Course Number and Name | Frequency of Offering | Elective or Core | # Students Impacted |
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* 1. **Describe the relationship of the proposed project to the curriculum.**

Click here to enter text.

* 1. **How will this proposed project provide equitable access to technology resources?**

Click here to enter text.

* 1. **How will this proposed project ensure that graduates are technologically competitive?**

Click here to enter text.

1. **Proposed location of the classroom or lab to be equipped (Please include a description of any modifications necessary as well as any impact on current room usage):**

Click here to enter text.

1. **Assessment:**

This section has different requirements for utilitarian projects such as smart classrooms and other more involved proposals, please fill out the appropriate sub-section.

* 1. **Assessment and Student Learning Outcomes (for smart classrooms only):**
     1. **Describe how the proposed project will impact the academic experience of the students.**

Click here to enter text.

* 1. **Assessment and Student Learning Outcomes (for projects other than smart classrooms):**
     1. **Clearly articulate the student learning outcomes that are expected to be achieved by this proposed project.**

Click here to enter text.

* + 1. **How will those student learning outcomes be assessed and integrated with the department’s assessment plan?**

Click here to enter text.

1. **Proposed Budget:**

List the equipment and software being requested, be sure to prioritize and group the list so that the committee can make partial project recommendations. (Ex: If a project has 5 pieces (pieces A – E) and buying piece A without piece B would not be viable, then group pieces A and B together in the prioritized list. If you are requesting more than one of a particular item, but could make use of a subset if the full amount cannot be funded, break that item into 2 lines, giving the minimum amount a higher priority than the rest, and elaborate on that in the partial funding section (A.).)

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| **Item Description** | **Life Expectancy (Yrs.)** | **Quantity** | **$ Each** | **$ Total** | **Priority** |
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| **Total Amount Requested** | | | | **$** | |

\*\*Place any quotes for the above items in the Appendix.

* 1. **How will partial funding of the requested items effect the proposed project?**

Click here to enter text.

* 1. **Please list any warranties, as well as ongoing maintenance fees or service agreements associated with this project.**

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| **Item Description** | **Included in Initial Purchase?** | **Terms of Agreement (Yrs.)** | **Beginning Year** | **$ Total** | **Priority** |
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| **Total Amount Requested** | | | | **$** | |

* 1. **What funding sources has your department identified for the funding of any ongoing consumables?**

Click here to enter text.

**Appendices:**