

CHECKLIST

Applicant's Name _____ Date _____

TO THE APPLICANT:

Please fill out the following checklist to determine whether your application is complete and can be submitted in its current form.

_____ You are submitting your application no later than three weeks before the proposed project date.

_____ You have included a letter of support from the faculty member in charge of your course.

_____ You have included resumés for all prospective speakers (if applicable.)

_____ Your grant request does not exceed \$300.

_____ For questions 14a and 14b, you have provided detailed answers that describe specific pedagogical activities and why you have chosen those particular activities.

_____ Your application includes the correct chart string (ex: 1-5xxxx-19900-xxxxx-40-x) for the departmental account to which the grant money should be transferred.

_____ You have provided the name, phone number, and email address of the administrative assistant or business officer in charge of the departmental account to which the grant money should be transferred.

_____ You have included a copy of this checklist.

Thank you for your application.

To GSI Teaching & Resource Center Staff:

Please indicate that the following steps have been completed:

_____ All of the categories on the checklist have been checked off by the applicant, i.e., the application is complete.