

Project # \_\_\_\_\_  
Office Use Only

**Use the academic year related to the project.**  
If you complete a proposal in Spring 2025, the Academic Year is "AY 2025-26" because that is when the project work would be completed.

## 200 ESU POOL REASSIGNED TIME PROJECT PROPOSALS

Chose the semester when the project work will be completed. Enter ESU quantity requested for that semester.

Faculty Member Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Academic Discipline: \_\_\_\_\_ Home Campus: \_\_\_\_\_ Dean Name: \_\_\_\_\_

**Project Title:** \_\_\_\_\_  
ESU amount requested: Fall \_\_\_\_\_ Spring \_\_\_\_\_

**Please complete the following YES/NO questions:**

- Have you ever submitted a similar proposal? Yes  No   
If yes, enter date: \_\_\_\_\_
- Have all evaluation forms from previously funded projects been submitted to the Access Learning & Success office? Yes  No  *NOTE: Review of the project proposal is contingent upon submission of evaluation forms for previous projects.*
- Are you receiving reassigned time or extra-pay ESU's for this project from another source? Yes  No  If yes, list additional funding sources \_\_\_\_\_
- Are you applying for reassigned time or extra-pay ESU's for this project from another source? Yes  No  If yes, list additional funding sources \_\_\_\_\_

For example, a Faculty Innovation Grant (FIG), a Learning & Teaching Excellence Mini Grant (LTE), or a Governance

**Project Category:**

*Resource Development:* (Complete Part A and Objectives/Outcomes)  
*Curriculum Development:* (Complete Part B and Objectives/Outcomes)  
*Instructional Support:* (Complete Part C and Objectives/Outcomes)  
*Instructional Delivery:* (Complete Part D and Objectives/Outcomes)

Check only ONE of these boxes. For descriptions of each category, refer to the attached document (see purple paper clip)

Complete only if this is a shared project. Each person you list should also submit their own form. Note: ESUs are divided among project members, so make sure the

is a joint project? Yes  No  If yes, list faculty names and disciplines below

*Each faculty member noted below must submit his/her own 200 Pool Proposal Form*

Name	Discipline

### PART A: RESOURCE DEVELOPMENT

*Please provide the requested course information*

**Supplemental Teaching Resources:**

*Please check all that apply*

- |                                    |  |
|------------------------------------|--|
| I. Lecture: (0.5 ESUs/credit hour) | II. Laboratory: (0.4 ESUs/credit hour) |
| Course Subj: _____                 | Course Number: _____                   |
| Credit Hours: _____                | Credit Hours: _____                    |
| Total ESUs: _____                  | Total ESUs: _____                      |

Complete PART A for Supplemental Teaching Resources only. You should NOT complete PARTS B,C, or D if you have completed PART A.

**PART B: CURRICULUM DEVELOPMENT**

*Please provide the requested course/program information*

Complete PART B for Curriculum (or Program) Development ONLY. You should NOT complete PARTS A, C, or D if you have completed PART B.

**Curriculum Work:**

- I. Course Outline Update: (1 ESU per course)  
Course Subj: \_\_\_\_\_ Course Number: \_\_\_\_\_ Estimated Credit Hours: \_\_\_\_\_
- II. New Course Development: (1 ESU per credit hour)  
Course Subj: \_\_\_\_\_ Course Number: \_\_\_\_\_ Estimated Credit Hours: \_\_\_\_\_
- III. Lab Manual Development: (3 ESUs per lab manual)  
Course Subj: \_\_\_\_\_ Course Number: \_\_\_\_\_ Estimated Credit Hours: \_\_\_\_\_

**Program Work:**

- VI. Program Update/New Program Development: (1-8 ESUs - 1 ESU = 45 clock hours)  
Program Title: \_\_\_\_\_ Accreditation Agency: \_\_\_\_\_  
*Attach additional pages/supporting documents as needed.*
- VII. Program Self-Study for Accreditation:(1-8 ESUs - 1 ESU = 45 clock hours).  
Program Title: \_\_\_\_\_ Accreditation Agency: \_\_\_\_\_  
*Attach additional pages/supporting documents as needed*
- VIII. Accreditation Follow-up Reports: (1 ESU)  
Program Title: \_\_\_\_\_ Accreditation Agency: \_\_\_\_\_  
*Attach additional pages/supporting documents as needed*
- IX. Program Review: (1-4 ESUs 1 ESU = 45 clock hours)  
Program Title: \_\_\_\_\_ Accreditation Agency: \_\_\_\_\_

Expected Submission Date to CADRE: \_\_\_\_\_

**PART C: INSTRUCTIONAL SUPPORT**

*Please provide the requested instructional support information I.*

- Credit by Examination: (0.5 ESUs) Course Subj: \_\_\_\_\_ Course Number: \_\_\_\_\_
- II. Faculty Advisor to Chartered Student Club: (0.5 ESUs / sem.) Student Club: \_\_\_\_\_
- III. Special Project Name: (1-3 ESUs depending on hours worked) \_\_\_\_\_  
*Attach additional pages/supporting documents as needed*

Complete PART C for Instructional Support projects listed only. You should NOT complete PARTS A B, or D if you have completed PART C.

**PART D: INSTRUCTIONAL DELIVERY STRATEGIES**

*Please provide the requested course/program information*

- IV. New Instructional Delivery Strategies for Lecture courses: (0.5 ESUs)  
Course Subj: \_\_\_\_\_ Course Number: \_\_\_\_\_ Lecture Hours: \_\_\_\_\_
- V. New Instructional Delivery Strategies for all other modes of instruction: (0.4 ESUs)  
Course Subj: \_\_\_\_\_ Course Number: \_\_\_\_\_ Lecture Hours: \_\_\_\_\_

Complete PART D for Instructional Delivery Strategies only. You should NOT complete PARTS A, B or C if you have completed PART D.

Note: A New Instructional Delivery Strategy is one that is not currently being used to teach the course.

Note: Include description of project in a separate document, including an explanation of how the project has merit (i.e., how it provides instructional support for students)

You must include this date for any proposal in PART B.

Note: Credit by Examination is for Exam Creation, not administrative

**FOR ALL PROPOSALS: COMPLETE WORK OBJECTIVES AND EXPECTED OUTCOMES**

**1 ESU = 45 clock hours**

List specific objectives and clock hours in space provided below. Attach additional pages/supporting documents as needed

Include an estimate for how many hours each of the activities listed will take you to complete.  
  
Note: Make sure the number of hours matches the number of ESUs you have requested in your proposal on page

Use this space to make a complete list of all the specific activities you will do to complete the overall project you have proposed.

Specific Work Objectives	Estimated Clock Hours

List expected outcomes and measures in space provided below. Attach additional pages/supporting documents as needed

Use this space to list what you plan to accomplish when the project is completed.

Use this space to list how you will demonstrate that you met the projects outcomes.

Expected Outcomes	Evaluation Measures

Expected Completion Date: \_\_\_\_\_  
 This date should match the semester for your proposed project. This date should NOT exceed the end of the semester or academic year in which you propose to do the work.

- Faculty member is responsible for distribution**
- Original to Holly Dufala, Project Manager, Faculty Affairs, District 213 (for submission to the 200 ESU Pool Committee) holly.dufala@tri-c.edu
  - Copy to applicant's Dean

<b>Office Use only:</b>	Comments:
<b>Committee Recommendation:</b>	
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Date: _____	

## Additional Information

Use this space to discuss the details of the project. If you are proposing a special project in Part C, you must provide additional information for the committee to review.

Use this space to provide additional Information or project clarification