**Internationalizing the Curriculum Grant**

**Proposal Checklist**

* **Proposals are due by 5:00 PM on Monday, December 18, 2017**.
* Electronic submissions are required and should be sent to [grants@global.rutgers.edu](mailto:grants@global.rutgers.edu).
* Save your file as Full Name\_IntlCurriculum (i.e. JohnSmith\_IntlCurriculum).

**Please include the checklist below with your proposal.**

|  |  |
| --- | --- |
| **Proposal Requirements (please assemble proposal in the following order):** | |
|  | Completed and fully-signed proposal cover sheet, including a summary/abstract of the proposed project. *NTT faculty will also need to provide a letter from their Dean, Chair, or Director stating support for the proposal, and it is expected that the applicant is in a position which will be renewed for the duration of the grant period (2017-2019).* |
|  | A project description. The proposal should not be longer than three pages in length. The project description must include:   1. a working definition of internationalization in the context of the department or program’s academic area; 2. a narrative outlining the proposed expansion and revision of the curricular structure, with an emphasis on integration of study abroad opportunities 3. a project timetable; 4. a brief description of potential outcomes (i.e. number of students affected, external sources of funding that will be sought upon completion of the pilot project, and other outcomes). |
|  | List of participants from Rutgers and any outside institutions or organizations. |
|  | Detailed budget including applicable account numbers (see Excel budget sheet on website). Please see budget guidelines for details regarding expenditures that may or may not be charged to the grant. |
|  | Detailed budget narrative. |

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**Proposal Cover Page**

Proposal Title:

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Principal Investigator:

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Tenure Status: | * Tenured * Tenure-Track * Non Tenure (additional documentation needed, see checklist) |
| Dept./Unit |  |
| School |  |
| Campus |  |
| Email: |  |
| Phone: |  |
| Campus Mailing Address: |  |
| Signature: |  |

Department Chair or Program Director:

|  |  |
| --- | --- |
| Chair or Director Name: | Signature: |

Director(s) of Undergraduate and/or Graduate Studies (if applicable):

|  |  |
| --- | --- |
| Undergrad Director Name: | Signature: |
| Graduate Director Name: | Signature: |

Dean of the School:

|  |  |
| --- | --- |
| Dean Name: | Signature: |

Total Funding Request (max $10,000):

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Include below a summary/abstract (150 words maximum) of the proposed project/program.

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