

## Scholarship of Teaching and Learning (SoTL) Retreat Cover Sheet

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

College: \_\_\_\_\_

Department/School: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SoTL Project Title (15 words or less):  
\_\_\_\_\_

Names (if any) of KSU faculty collaborating on this project (Only one faculty member from each project may apply to participate. Please notify your colleagues in advance of your application for funding):  
\_\_\_\_\_

### LETTER OF UNDERSTANDING

I agree to all of the following terms and conditions:

1. Prior to submitting this proposal, I will share this Cover Sheet and application narratives (Project Abstract, Current Project Progress, and Practical Goals for Participation) with my immediate supervisor (Chair, Director, or Dean) and obtain the supervisor's signature indicating support.
2. Prior to submitting this proposal, I will notify any KSU faculty member(s) collaborating on this project that I will be the only faculty member eligible to apply for, participate, and receive funding for this project.
3. I understand that participation in the SoTL Retreat will impact the limits of my workload.
4. I understand that I must make my own arrangements to attend all three days of the SoTL Retreat.
5. I understand that I must print, fill out, and obtain necessary signatures for this cover sheet and upload this sheet along with my curriculum vitae as one PDF to the application website.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SUPERVISOR:** I have read the Cover Sheet and the applicant's narratives (Project Abstract, Current Project Progress, and Practical Goals for Participation), and I support this application.

\_\_\_\_\_  
Supervisor/Chair/Director/Dean (PRINT)

\_\_\_\_\_  
Supervisor/Chair/Director/Dean (SIGN)

\_\_\_\_\_  
Date