

**COMMUNITY COLLEGE OF PHILADELPHIA**

**Proposal for Faculty Project**

(A complete proposal should accompany this form. See instructions regarding format for written proposal.)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

J#: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

TITLE OF PROPOSED PROJECT: \_\_\_\_\_

ATTACH STATEMENT OF PROJECT WITH OUTCOMES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SEMESTER REQUESTED (CHECK ONE): FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER I \_\_\_\_\_ SUMMER II \_\_\_\_\_

DATE FINAL REPORT WILL BE READY: \_\_\_\_\_

**NO WORK CAN BEGIN BEFORE A PROJECT HAS BEEN APPROVED.**

**I UNDERSTAND I WILL NOT BE PAID FOR WORK THAT IS NOT COMPLETED BY THE DUE DATE.**

FACULTY MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION DEAN: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION DEAN: \_\_\_\_\_ DATE: \_\_\_\_\_

VICE PRESIDENT FOR ACADEMIC AFFAIRS: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

TYPE OF PROJECT (CHECK ONE): \_\_\_\_\_ EXTENDED TIME \_\_\_\_\_ RELEASED TIME

REASSIGNED TIME/HOURS: \_\_\_\_\_ SPECIAL PROJECT FUNDING/COST: \_\_\_\_\_

\*OTHER: \_\_\_\_\_

\*If funded through grant, please provide grant number: \_\_\_\_\_  
If funded through Department or Division, please provide org. number: \_\_\_\_\_

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