# **Request for Financial Support for Assessment Activities**

Department	Signature of Chair requesting funds				
College Dean's Signature	Date	Total Amour	unt Requested		
Description of assessment exp	oenditure. Please j	provide specifics of yo	ur request:		
Item				Cost	
Assessment activity			\$		
Analysis of Assessment data_			\$		
Postage			\$		
Printing/duplicating			\$		
Other fees (please describe)			\$ _		
			\$		
Total amount requested:			\$		
How frequently do you anticip	pate needing these	e funds?			
annually eve	ery 2 years	every 3 years	other (	)	
Is this first-time expenditure?		If not, where did yo	ou get the fu	inds to support the	

## **Departmental Assessment Plan**

Please submit the most recent assessment plan and report of assessment findings (feedback loop) for your department. A sample template is attached. **Funds will not be awarded without an assessment plan.** 

#### Submission of request--Deadline

Please mail this request, along with your assessment plan to Dr. Ashlie Jack, Box 13. Call x3589 with questions. Requests are due by March 1 for funds requested during the academic year.

#### **Funding Process**

You will receive notice of approval. Funds will generally be transferred after invoices are received. Funds *must be* expended in the current academic year for which they are requested. You should submit your invoices no later than June 1.

## **Selection priority**

In addition to consideration of the nature of the request, allocations are made on a first come, first serve basis. Priority funding is given to those requests received by March 1. There is no guarantee of available funds after that date.

University Mission (related to goal /objectives	Program Mission (related to goal /objectives	Program/Goals and Objectives	Learner Outcomes	Assessment of program goals (Method/frequency Who does it)	Assessment of Learner Outcomes	Results	Feedback Loop

# Academic Undergraduate Program Assessment Plans (sample template)