



**COUNTY
COLLEGE
OF MORRIS**

**CENTER FOR
TEACHING & LEARNING**

Exploratory Research Grant Proposal Application

Select "Fill & Sign" to complete the application

Name:

Department:

Position Title:

Phone:

E-mail:

Room Number (if applicable):

Academic Year:

**All sections of the application must be completed and signatures obtained (except for CTL Co-Director) to be accepted.*

Research Description

Learning outcomes/Goals for research

Approvals

Applicant: Date:

Department Chair: Date:

Director CTL: Date: