COUNTY COLLEGE OF MORRIS

CENTER FOR TEACHING & LEARNING

Exploratory Teaching 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.

Course selected for Grant

Learning outcomes/Goals for course (instructor and student)

Approvals

Applicant: _____ Date: _____

Department Chair: _____ Date: _____

Director CTL: _____ Date: _____