

Priority # _____

**Request for Technology Funding
Project Detail Report**

For guidelines and descriptions of these programs visit the
UWS Technology Funding Page

Submitted by _____ Department Chair/Supervisor _____

Location _____ Discipline/Department _____

Indicate funds applied for. You may indicate more than one:

Classroom/Laboratory Modernization Student Technology Fee

**I. Please list the current courses in all disciplines using lab/classroom in the past year.
Include number of students, hours per week as well as semester.**

II. Explanation of the Request and Pedagogical Rationale/Justification

III. Cost Estimates

	Requested Funds	Matching Funds	Other*	Total
Equipment	\$	\$	\$	\$
S & E	\$	\$	\$	\$
Remodeling	\$	\$	\$	\$
Total	\$	\$	\$	\$

Describe Equipment Requirements (Please list items to be purchased and estimated costs.)

Describe Remodeling Requirements and Cost Estimate

Describe Plan for Continuing Costs Associated with Request

***Other Sources of Funds**

IV. Describe How the Project Meets the Following Evaluation Criteria

1. Does the project enhance the educational process in a significant way? Is it critical to the delivery of a program?

2. How might the project enhance recruitment or retention of students?

3. What is your plan if you receive partial or no funding?

4. Describe how this project meets the needs of students with disabilities.

Required signature and priority:

Department Chair/Supervisor

Priority Number: _____

(For departments submitting more than one proposal please provide rank order of each of your proposals).