Jones College of Business

iPad Class Program

Application Form

Class Information

Name: _____ Dept.: _____ Semester:_____

Course No.: _____ Course Name: _____ Section: ___ No. of Students: ___

Executive Summary

Program Description

Other: Are there any additional tools associated with this proposal (such as extra applications. etc.)?

Signed: _____ Date: _____

Notes:

- Faculty must be available for iPad application's training
- Teachers must coordinate with College of Business Lab for distribution of iPads to students.
- All participants must agree to provide feedback to evaluate and improve the program.
- iPads will be available for distribution to the students starting from the second week of the semester.