

NON-INSTRUCTIONAL ASSIGNMENT (NIA) APPLICATION

Name of Applicant: _____ Rank: _____

College: _____ Department: _____

Office Phone#: _____ Box #: _____ E-mail Address: _____

Project Title: _____

(INCLUDE full proposal with this form)

Semester/Year Requesting:

___ Fall 20___ ___ Spring 20___ ___ F20___/S20___ ___ No preference

Have you previously received a NIA Grant? No ___ Yes ___

If yes, semester/year of last NIA: _____

SIGNATURES (obtained by applicant)

Applicant

Date

Department Chair/Director

Date

Dean

Date

SIGNATURES (obtained by Vice Provost for Faculty Affairs)

Chair, NIA Committee

Date

University Provost

Date