

Cover Sheet

Community of Practice Grants
Spring 2024 – Spring 2025

Title of Proposed Course or Program:

Course Designator (departmental prefix and number - if applicable):

Type of Program:

- New Course or Program
- Existing or Course Program

Semester and Year of Course Offering or Program Implementation:

Course or Program Enrollment (typical or anticipated):

Principal Investigator Name and Title:

PI Campus, College, School, and/or Department:

PI Phone & Email:

Co- PI's Names and Titles:

Amount of Funding Requested:

Unit Budget Manager's Name and Contact Information:

Certification

I certify that I am not on notice of termination of my position at USC nor have I accepted employment at another institution. I also understand the expectations of grant recipients and commit to fulfill these obligations if selected.

Applicant _____

Signature Date _____

Academic Unit Endorsement (required for application to be considered):

Chair, Director, or Dean _____

Signature Date _____