

FDA Project Grant Evaluation Form for Chairs

Instructions: Please print or type in the following form. Comment length is limited to this page. Forward a copy to Faculty Senate Benefits Committee c/o Grace Hiles hilesg1@nku.edu

Faculty applicant name: _____

Evaluations are based on criteria as defined in the Faculty Handbook **11. FACULTY DEVELOPMENT PROGRAMS** sections 11.1 through 11.4

This individual qualifies for the proposed project (full-time/part-time, tenured/tenure track, not on terminal contract): Yes ___ No ___

Applicant has asked if Department funds are available to support the project: Yes ___ No ___

If Department funds are available to support this project, how much may be used to defray costs? \$ _____

Indicate your assessment of the following items from very low to very high:

	Very low	Low	Neutral	High	Very high
Overall quality of proposal					
Ability of applicant to carry out project					
Overall value of project					
Value to the department					
Value to student learning					
Value to the field of study					

General Comments:

Specific comments on categorical rankings including any category ranked neutral, low, or very low:

Name (typed or signed)

Date

Department: _____