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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Verylow | Low | Neutral | High | Veryhigh |
| 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: