University Initiatives Fund
Application Cover Page

Submitting Unit
(College, School, or Administrative Unit):

Proposal Title:
(please limit to 120 characters)

Abstract of Proposal (limit to space provided):

Proposal Leader:
Department __________________________ Phone __________________________
Box Number __________________________ FAX __________________________

Participants:
Name __________________________ Dept. __________________________
Name __________________________ Dept. __________________________
Name __________________________ Dept. __________________________
Name __________________________ Dept. __________________________

Signatures:
Proposal Leader:
Print Name/Date __________________________ Print Name/Date __________________________
Dean/VP:
Print Name/Date __________________________ Dean/VP:
Print Name/Date __________________________
Dean/VP:
Print Name/Date __________________________ Dean/VP:
Print Name/Date __________________________
Dean/VP:
Print Name/Date __________________________