



## Educator Proposed Learning Community *Application Form*

Name: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Title of Community of Practice: \_\_\_\_\_

**Description of the Learning Community Activities:**

**Proposed Budget:**

	<u># of Participants</u>	<u>Cost/Participant</u>	<u>Total</u>
<b>Materials:</b>			
		<b>Facilitator Stipend:</b>	
		<b>Total proposed budget:</b>	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return signed application to the CETL Office (OL 1142)**