Academic Program Review Curriculum Development
PROJECT ACCEPTANCE CONTRACT

Faculty Member(s): _____

Division: _____ ___

Career/Tech Program/Discipline:_____

Course ID/Project Title: _____

Expected start date: _____ Expected completion[1] date: _____

Funding type: Academic Program Review

    Curriculum pay _____ (# of approved hours) X $30.00 (subject to change)_____

      OPE: @ 38%   _____

    Total Proposal   _____

I agree to complete this project in the time allowed and not exceed the number of hours approved in the APR Implementation Plan and Year Three updates and/or approved by my division dean in consensus with the VP (or designee). I will submit a completed APR Curriculum Development Completion Form to the dean of my division, as well as submit all my hours worked to the department admin. I understand that my department/dean must notify APROC and the budget office (through department planning documents) if I need to extend the completion. If the work is completed after June 1st, payment will be awarded in the next academic year.

Faculty Member Name(s)
  1. _____
 	
  2. _____
	L#
	_____
	
	_____
		Signature(s)

Division Dean Name		Signature
VP/VP Designee		Signature

Submit completed form to Academic Program Review admin: mathersm@lanecc.edu

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[1] Work should be completed and forms submitted by June 1 of the academic year work was completed. If the work is completed after this date, the program will need to alert Mai Mathers (mathersm@lanecc.edu) that faculty have not used their allotted hours and would like to have the funding rolled over to the next year.

If work cannot be completed during the original time frame (by June 1st of the academic year), please indicate the adjusted, expected date of completion:

Faculty Member Name(s) 3. _____ 4. _____	L# _____ _____	Signature(s)
Division Dean Name		Signature

Submit a copy of this revised form to Academic Program Review admin: mathersm@lanecc.edu