**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 date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Funding type: Academic Program Review

Curriculum pay \_\_\_\_\_\_\_\_\_\_\_\_\_ (# hours) X $30.00 (subject to change) \_\_\_\_\_\_\_\_\_\_\_\_\_

OPE: @ 38% \_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Proposal \_\_\_\_\_\_\_\_\_\_\_\_\_**

I agree to complete this project in the time allowed and not to exceed the number of hours approved unless approved by my division dean. I will submit a completed [APR Curriculum Development Completion Form](https://www.lanecc.edu/sites/default/files/academicprogramreview/curriculum_development_reimbursement_fillable_4.4.19.pdf) to the dean of my division, as well as submit all my hours worked to the department admin. I understand that any unused funding will be returned to the unallocated pool to use towards other curriculum development projects.

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| Faculty Member Name(s)   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | L#  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature(s) |
| Division Dean Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature |

Submit completed form to Academic Program Review admin: [mathersm@lanecc.edu](mailto:mathersm@lanecc.edu)