**STUDENT SUCCESS: PROJECT PROPOSAL**

**ACADEMIC YEAR 2018-2019**

**Instructions**

* This form is intended for applicants requesting release time to implement a new student success project. If you are requesting release time to prepare a project to be implemented at a later time, please fill out a S1 form. If you are requesting release time to continue an ongoing project, please fill out a S3 form.
* Please submit **one hard copy** of the completed application, as well as **one electronic copy** in PDF format, to Marina Jelavic ([jelavicm@vanier.college](mailto:jelavicm@vanier.college), B208). The hard copy must include the signature page with all appropriate signatures. It is not necessary to submit the signature page with the electronic copy.
* We will only be accepting **one electronic submission per project**. We therefore recommend that you send the electronic copy only **after** the hard copy has been signed and submitted, and that you double-check to ensure that you are sending the correct file. Electronic submissions should be saved from the original Word document as PDFs, not scanned.
* If this project involves teachers from more than one department and/or any professionals or support staff, ensure that **all partners and all relevant department coordinators** have signed the signature page before the application is submitted.
* The text boxes will expand as you write, but **please do not exceed six pages in total** (in 12-point Calibri font) for the application, excluding the signature page.

Deadline for Proposals: **Monday, February 12, 2018.**

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| **Project title** |
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| **Summary:** How would you describe your project as a whole? |
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| **Person(s) responsible for the project** | **Department** | **E-Mail** | **Office tel.** |
| Project leader  Name: |  |  |  |
| Collaborator 1  Name: |  |  |  |
| Collaborator 2  Name: |  |  |  |

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| **Problem:** What is the issue or question related to student success that your project addresses? |
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| **Literature review:** What kind of work has already been done in this area, at Vanier or elsewhere? How does your project relate to existing work? Is there any research that supports the kind of project you are doing? |
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| **Project aims:** What are your objectives? |
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| **Methods:** What are you planning to do? What methods will you use (tutoring, mentorship, development of resources, in-class interventions, etc.)? |
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| **Evaluation:** How will the success of your project be measured? How will you know if it is working? |
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| **Transfer of knowledge:** What are the expected outputs (report, teaching materials, online resources, workshops) of your project? How will its results be shared? |
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| **Personal background:** What expertise (previous experience, training, publications, etc.) do you bring to the project? |
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| **Collaboration:** Who are the partners you will be working with (technicians, teachers from other departments, professionals from Pedagogical Support and Innovation, the Tutoring and Academic Success Centre, Student Services) and what is their role in this initiative?  Please note that only partners who have **explicitly agreed** to be part of the project should be listed here. All partners and their coordinators must sign the signature page, located on the last page of this document. |
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| **Institutional relevance:** How will your project benefit Vanier College in fulfilling its [Strategic Plan](http://www.vaniercollege.qc.ca/strategic-plan/)? |
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| **Accessibility:** The S051 (formerly S024) funding envelope aims to support teachers in making college-level education more accessible for students who have historically been marginalized or underserved by educational institutions. If you believe your project is eligible, please briefly explain here why you would like it to be considered in this category. |
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| **Timeline** | |
| Please provide a list of the proposed activities accompanied by a time frame. | | | |
| *Activity* | *Estimated number of hours* | *Expected date of completion* | *Person responsible* |
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| **Allocation** |
| For reference, below are the numbers of hours associated with different amounts of allocation. | | |
| *Amount in FTE (full-time equivalent)* | *Number of hours per week* | *Total number of hours* |
| 0.1 | 6.5 | 143 |
| 0.125 | 8 | 179 |
| 0.150 | 9.75 | 215 |
| 0.2 | 13 | 286 |

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| **Release time requested**  Please indicate the name of the person taking release and the semester(s) in which you plan to take release for this project.  If the number of hours this project requires does not correspond to the number of hours of one course you would ordinarily teach, please discuss arrangements with your Dean. | *Estimated allocation* |
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| *Total* |  |

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| **Does your project require any monetary or material resources?** |
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**Signature page**

* All teachers listed on this page must have signatures from their coordinator **and** their dean. For professionals and support staff, signatures are needed only from their immediate supervisors.
* If the number of collaborators exceeds the space given here, please attach additional pages as necessary. This page **must** be submitted with the hard copy of your application and is not required for the electronic version.

**This page confirms that all relevant participants in the project entitled [title of your project] have read the project proposal and agree with its contents.**

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| Project leader | | |
| Name | Signature | Date |
| Coordinator’s name | Coordinator’s signature | Date |
| Dean’s name | Dean’s signature | Date |
| Collaborator/partner | | |
| Name | Signature | Date |
| Coordinator’s name | Coordinator’s signature | Date |
| Dean’s name | Dean’s signature | Date |
| Collaborator/partner | | |
| Name | Signature | Date |
| Coordinator’s name | Coordinator’s signature | Date |
| Dean’s name | Dean’s signature | Date |
| Collaborator/partner | | |
| Name | Signature | Date |
| Coordinator’s name | Coordinator’s signature | Date |
| Dean’s name | Dean’s signature | Date |