

Faculty Grant Application

Institute for International Business (IIB)

University of Colorado Denver

1. Applicant *(Please attach a brief bio)*

Name _____

Address _____

Position _____

Department _____

Phone _____

Fax _____

Email _____

- 2. Purpose of the Grant:** Case Study Development Course Development
 Program Development Research

Name of any other researcher(s) / faculty instructors: _____

3. Proposal *(Please attach a one page project abstract)*

Topic _____

4. Funding

What funding are you requesting from the IIB? \$ _____

How would any funds provided by the IIB be used? _____

Have you applied to your department for funding? _____

Departmental financial contribution, if any: \$ _____

Signature _____ Date _____

Please email to jana.blakestad@ucdenver.edu or fax this application to the IIB at 303-573-3945.