

**IPSE 2004-2005 Course and Module Development Grant Program
Statement of Institutional Support**

Proposal Title:

Project Director Name and Title:

Department Name:

Institution (and Campus):

I have reviewed the above-named proposal and believe it to be a well-conceived project likely to succeed and consistent with the long-term goals and mission of my department/college/campus. Should this project be funded by IHETS, my department/college/campus is committed to working with the project director to ensure its success.

_____ Name of Department Head	_____ Signature	_____ Date
_____ Name of Academic Dean (or Equivalent)	_____ Signature	_____ Date
_____ Name of IPSE Representative	_____ Signature	_____ Date

* All three signatures are required.