

# 2023 Curriculum Innovation Grant ROUTING SHEET

APPLICANT(S): \_\_\_\_\_

APPLICANT DEPARTMENT(S): \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

Have you received a previous Curriculum Innovation Grant?

- No.
- Yes. I received the grant in \_\_\_\_\_ (insert year).  
My Final report was
  - Not filed
  - Filed

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Department Chair/Director Signature Date

\_\_\_\_\_  
Department Chair/Director Signature Date

\_\_\_\_\_  
Dean Signature (*Dean signature denotes support*) Date

**This form must be submitted with your application to [cig@oswego.edu](mailto:cig@oswego.edu) by the third Monday in March.**