

**CURRICULUM INTERNATIONALIZATION FACULTY GRANT
COVER SHEET**

Project Title: _____

Name of Project Director: _____

Number and title of ETSU course proposed for development:

Current ETSU position: _____

Campus mailing address: _____

Department: _____

Your Email address: _____

Your telephone number: _____

Number of students likely to benefit directly from the project,
annually:

a. Undergraduate: _____

b. Graduate: _____

Signatures:

Project Director: _____

Department Chair: _____