APPLICATION FOR TECHNOLOGY FEE ALLOCATION

Submitter Name: _____

Department: _____

Campus/Site (please circle site):   Chugwater   Douglas   Glendo   Glenrock   Guernsey   Hulett

Lusk   Moorcroft   Newcastle   Sundance   Torrington   Upton   Wheatland

Specific Location (i.e. room number, office, campus wide, etc): _____

Project Title: _____

Project Description: _____

_____

_____

_____

_____

Total Project Cost: $_____   One-time Only Cost: $_____   Ongoing cost: $_____

If ongoing money will be used, how will project be funded in the future? (i.e. continued use of technology fee, department budget,

etc.) _____

Project Impact: _____

_____

_____

_____

Timeline for Project (Please be specific):_____

_____

This proposed project has been discussed and   ☐ approved   ☐ disapproved   by the appropriate supervisor.

_____   _____
 Applicant's Signature   Date   Supervisor's Signature   Date

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FOR COMMITTEE USE ONLY

Submitted Date: _____

Review Date: _____

☐ Approved   Signature: _____ Date: _____
Dee Ludwig, Vice President for Learning