

THE
UNIVERSITY
OF RHODE ISLAND
OFFICE FOR THE
ADVANCEMENT OF
TEACHING AND
LEARNING

**Department Head/Dean Support Form
ATL Innovative Assessment & SoTL Grant Program
Fall 2024**

Instructions: This form was developed to expedite and communicate formal support of submissions received related to ATL's Innovative Assessment & SoTL Grant Program offered during the Fall 2024 semester. As part of the application process, all application lead authors must submit this form with either a handwritten or electronic signature from their supervisor and/or department head, Dean, or unit leader for their application to be considered. Please include the lead author's name in the space below.

By signing this document I am communicating to the grant program reviewers that I have reviewed the application submitted by _____ and formally support their application.

Department Head/Dean/Unit Leader Signature: _____

Department Head/Dean/Unit Leader Full Name: _____