

TITLE PAGE
Conversations in the Disciplines Program
Proposal Title

(Limit to 60 Characters)

Proposed Dates for Conducting Conversation _____

Project Director* (Please type name)

Name	_____	Department	_____
Campus Name	_____	Campus Address	_____
Phone/Fax Numbers	_____	E-Mail Address	_____

Project Collaborators (Please type names)

Name	Department	Campus Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signatures

Project Director: _____

Collaborators: _____

Collaborators: _____

Endorsements

Campus President** _____

Chair of Sponsoring Departments:

Signature

Department Name

* One faculty member only will be designated as the person responsible for the conduct of the project. For Conversations purposes, this individual is the faculty member whose name appears as Project Director on this Title Page

**The Research Foundation Endorsing Designee's signature is acceptable for State-operated campuses.