

## Application for One-Year Faculty Award: Center, Concentration or Emphasis

Name:

Department:

Center, Concentration or Emphasis:

Specific Project:

Measurable Outcomes at end of the spring semester of academic year 20\_ - 20\_\_\_:

**Director Priority Ranking:** 

Signatures:

Applicant

Director

**Department Chair** 

**Final Approval:** 

Vice President for Academic Affairs

1 Wells Ave Newton, Massachusetts 02459 617.327.6777 www.williamjames.edu Date

Date

Date

Date