Request for Multimedia Development/Grant Supported Project

(This request is to be made for media other than posters. You do not need to complete this form to have a poster printed. You must create your poster in the template provided by Academic Services and drop it off with the Multimedia Specialist. Posters will be printed for you but you are required to complete your layout and art work in the template).

Name		Date Submitted for Review
Project		
Department		
Principal Inves	stigator (initials)	
(It is suggested the Specialist who wi	II help you complete the Request Soutcomes and outcome measurement	ting with the Director of Academic Services and/or Multimedicummary below. We will discuss the following: project ent, sketch out the project and estimate a timeline).
Date	nequestor initials	
This resource	will be shared with faculty th	roughout SDM: 🗌 Yes 🗌 No
Request Sumr (Please indicate v attach your descr	vhat you'd like to develop, how you	will use it to and what you expect it to accomplish. You may

**Outcome Assessment** 

(Please explain how you will determine whether this tool has been effective. You may attach your description.)