



STAR

SCHOLARLY TEACHING AND RESEARCH

LETTER OF INTENT

2022 - 2023



CENTRE FOR
TEACHING, LEARNING
AND INNOVATION

Instructions

A Letter of Intent is now part of the STAR Grant application process. The purpose is to streamline approvals prior to the start of an application; to assist Deans, Associate Deans, and other leaders with course release and backfill planning; and to alert the Educational Development Team to the number of expected applications and budget requests.

As you prepare your LOI, please consider the following:

- Applicants should carefully read the [STAR Grant guidelines](#) to inform the LOI.
- The LOI must be approved by the respective: a) Associate Dean, b) Centre Dean, AND c) Business Analyst (or equivalents) for the Centre.
- Submission of an LOI does not guarantee approval or funding by the STAR Grant Review Committee.
- The completed LOI must be received by the Educational Development Team on the **THIRD Monday in January**.

Applicant Information

Name of Applicant:

School or Unit:

Will the project include a co-applicant?

Yes | No

If YES, please complete the following:

Name of Co-Applicant:

School or Unit:

Project Information

Project Title:

Project Overview: *Provide a brief description including the overall purpose of your project, and any expected outcomes and deliverables. Briefly state how your project aligns with the goals of your Centre or area and how it contributes to a long-term vision for research or professional development.*



Are you planning to request course release or backfill as part of your budget?	Yes	No
Course release request for applicant (credits or hours per semester)	Fall	Winter
Course release request for co-applicant (credits or hours per semester)	Fall	Winter

Provide a brief description of the project's expected expenses in addition to course release or backfill time.

Total estimated budget request:

Ethics and Hazards

Will the proposed project involve human subjects?	Yes	No
Will animals be used in the proposed project?	Yes	No
Will animals be used in the proposed project at any other location?	Yes	No
Will radioactive, biological, hazardous material, or lasers be used?	Yes	No

Suggested Reviewers

Please provide the name and contact information for up to two potential discipline-specific reviewers for your application. The purpose of the discipline-specific reviewer is to have a subject matter expert review your work and improve your proposal's quality. Reviewers may be faculty or staff, or they may be external to the college.

Please ask one or two peers to be prepared to review your full STAR grant proposal in order to consider your research questions' relevance and the possible implications for future teaching and student experience in your Centre. The reviewer might also highlight any points you have missed addressing.



Name of Reviewer:

Title and Organization:

Contact Information:

Rationale for Use as a Reviewer:

Name of Reviewer:

Title and Organization:

Contact Information:

Rationale for Use as a Reviewer:

Approvals

By signing below, the Associate Dean and Dean (or equivalents) acknowledge that course release/backfill can be accommodated if requested in the application.

The Associate Dean commits to monitoring the project's progress and providing mentorship to the applicant. The Associate Dean is also responsible for taking any corrective actions, including advising the Educational Development Team to terminate the project.

The Business Analyst acknowledges that the LOI suggests compliance with Lethbridge College's financial policies and procedures.



Applicant's Associate Dean
(or equivalent)

Date:

Name:

Signature:

Co-Applicant's Associate Dean
(or equivalent)

Date:

Name:

Signature:

Applicant's Centre Dean
(or equivalent)

Date:

Name:

Signature:

Co-Applicant's Centre Dean
(or equivalent)

Date:

Name:

Signature:

Applicant's Business Analyst
(or equivalent)

Date:

Name:

Signature:

Co-Applicant's Business Analyst
(or equivalent)

Date:

Name:

Signature:

Applicant Acknowledgement

I hereby accept the terms and conditions as outlined in the [STAR Grant Guidelines](#).

Applicant

Date:

Name:

Signature:

Co-Applicant

Date:

Name:

Signature:

