

**Academic Innovation Fund Initial Executive Summary**

**Submission Deadline: October 4, 2024**

For questions, email: [academicinnovation@ksu.edu](mailto:academicinnovation@ksu.edu)

**Department(s) Requesting Funds**

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**Primary Contact**

**Primary Contact Email**

**Primary Contact Phone**

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**Primary Department Head**

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**Primary Department Head Email**

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**Additional Department Head(s)**

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**Dean or Designee**

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**Dean or Designee Email**

**Total Dollar Amount Requested**

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**Title of Academic Program or Microcredential**

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**What type of program is this?** (e.g., new bachelor's degree, microcredential, etc.)

**Is this proposal multidisciplinary?**  Yes  No

**Intended Audience** *(select all that apply)*

High School Students

Traditional Learners

Post-traditional Learners

Alternative Credential-seeking Learners

Other (describe)

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**Level:**  Undergraduate Credit

Graduate Credit

Noncredit

**Modality:**  In Person

Hybrid

Online

## Narrative

**Please briefly describe your proposal. *Limit 100 words.***

**Please identify how your proposal meets regional, national or international learner or workplace needs of the future. *Limit 100 words.***

**Please identify how your proposal drives curricular innovation and academic excellence at K-State. What methods will you use to present up-to-date and rigorous disciplinary learning experiences? *Limit 100 words.***

Please explain how your proposal aligns with the [Next-Gen K-State Strategic Plan](#) or realizes other key outcomes and/or differentiators. *Limit 100 words.*

Please explain how your proposal supports the long-term financial viability of the university. *Limit 100 words.*

After the initial AIF investment is spent, how will you sustain your program long term? *Limit 100 words.*

Please define how this submission is innovative. *Limit 100 words.*

*For October 4, 2024, deadline, Primary Principal Investigator, Department and Dean or Designee signatures are required. Additional signatures are needed for multidisciplinary proposals. Only proposals with required signatures will be considered complete and included in the review process.*

**CONTACT INFORMATION**

**Primary Contact Name**

**Primary Contact Signature**

**Additional Contact Name**

**Additional Contact Signature**

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**Additional Contact Name**

**Additional Contact Signature**

**DEPARTMENT HEAD INFORMATION**

**Primary Department Head Name**

**Primary Department Head Signature**

**Additional Department Head Name**

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