



## INDIVIDUAL PROFESSIONAL PARTNERSHIP PROPOSAL

\_\_\_\_\_  
Name *(please print)*                      Phone #                      College                      Date

\_\_\_\_\_  
Dean's Name *(please print)*                      Dean's Signature                      Date

**Project Title:** *(The title should accurately reflect the overall mission of your partnership.)*

\_\_\_\_\_

**Project Goal:** *(Enter a statement—your overall goal—on what you want to see accomplished through the development and implementation of your partnership.)*

\_\_\_\_\_

\_\_\_\_\_

**Need for Project:** *(Enter an explanation on how you see a need for this partnership. How does it align with the goals of your major/program? If applicable, include a discussion of any self-studies or assessment reports that demonstrate a need for the partnership.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Desired Project Outcomes:** *(Discuss the specific, anticipated outcomes envisioned for the partnership. How will your students and/or yourself be impacted by the project? How will you know when your goal has been achieved?)*

---

---

---

---

---

---

**Action Steps:** *(Clearly state the step-by-step process to be devised and followed through on to ensure that the goals of the partnership become a reality.)*

---

---

---

---

---

---

**\*\*\*Requested Training/Support:** *(Enter a detailed list and description of learning tools required for the implementation of your partnership. This may involve the acquisition of internal training and support, external training and support, or conference attendance.)*

---

---

**\*\*\*Requested Technology:** *(Enter a detailed list and description of technology tools required for the implementation of your partnership. This may involve the acquisition of hardware and/or software. Enter vendor information and pricing if it is applicable. If you are not sure which brand or model is most appropriate, enter a general description—e.g. “digital camera”.)*

| Item | Vendor Name | Vendor Phone # | Item # | Quantity |
|------|-------------|----------------|--------|----------|
|      |             |                |        |          |
|      |             |                |        |          |
|      |             |                |        |          |

**\*\*\*Requests/funding for Partnerships will be honored only after completing a consultation session with a TLTC staff member to discuss project methods and costs. Partnership approval is based upon funding availability.**