1. **Initiative**

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| --- | --- |
| Initiative Title |  |
| Faculty/Centre |  |
| Project Manager |  |
| School (if applicable) |  |

1. **Initiative Summary**

*Please give a brief, 1-2 paragraph overview of the initiative.*

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1. **What are the objectives of the initiative? What effect will it have on the participation of Low SES students?**

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1. **Implementation**

*Describe how the project will be implemented.*

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1. **Evaluation**

*Describe how the objectives of the project will be measured.*

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1. **Budget**

*Provide estimates as shown below.*

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| **Activity/Item** | **Timeframe** | **Budget** |
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| **Total** |  | **S** |

**7. Approval**

*In order for the initiative to be assessed, this application must be endorsed by the appropriate Head of School and Executive Dean, or Manager and Centre Director*

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| Head of School/Manager.....................................................................Insert name and positionDate: ........................................................... | Executive Dean/Director.....................................................................Insert name and positionDate: ........................................................... |