*To be filled in by ASDPD*

|  |  |
| --- | --- |
| Reference number |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Academic Strategic Development Planning Department  *Jabatan Perancangan Pembangunan Strategik Akademik*  (ASDPD)  **APPLICATION FORM**  **UNIVERSITI MALAYA**  **TEACHING ENRICHMENT RESEARCH GRANT**  **CYCLE 2 - 2024** | | | | | | | |
| **1** | **TITLE OF PROPOSED RESEARCH** | | | | | | |
|  |  | | | | | | |
| **2** | **DETAILS OF APPLICANT** | | | | | | |
| **2 (i)** | Name of Principal Investigator | | |  | | | |
| Staff ID |  | | | | IC Number / Passport |  |
| Faculty/Centre |  | | | | | |
| **2 (ii)** | **Position** | |  | | Professor | | |
|  | | Associate Professor | | |
|  | | Senior Lecturer | | |
|  | | Lecturer | | |
| **2 (iii)** | Mobile phone number | | | |  | | |
| UM office phone number | | | |  | | |
| UM email address | | | |  | | |

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| --- | --- |
| **SECTION A**  Credibility and potential | |
| *This section is to describe your credibility and potential to showcase and to produce an extensive and attractive portfolio of their T&L exercise/practice, including excellent T&L track record.* | |
| **A (i)** | **Teaching & Learning Philosophy**   * State your T&L philosophy. * Describe the overall planning and implementation strategy of the T&L delivery, supervision, and assessment. |
|  | |
| **A (ii)** | **Delivery Method**   * Describe your creativity and innovation along with their impacts towards your T&L delivery, supervision, and assessment. |
|  | |
| **A (iii)** | **Delivery Assessment**  Please showcase (if any);   * Students’ assessment and testimonial of your teaching and supervision. * Continuous assessment and improvement activities towards the betterment of your teaching, supervision, and assessment. This may include list of applicant’s professional development related to T&L activities. |
|  | |
| **A (iv)** | **Recognition in T&L**  Please showcase (if any);   * Your sharing of best practices of your teaching, supervision, and assessment |
|  | |

End of SECTION A

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION B**  Evaluation of plans to enhance your T&L credibility | | | | | | | |
| *This section is to describe your plans to improve and enhance your existing T&L credibility.* | | | | | | | |
| **B (i)** | **Research Category** *(Please select one)* | | | | | | |
| *PROGRAM BASED* | | | | | | |
|  | | Innovation in Curriculum | | | | |
| *COURSE BASED* | | | | | | |
|  | | 1. Transformative Teaching | | | | |
|  | | Alternative Assessment | | | | |
|  | | 1. Immersive Learning Experience |  | | 1. Virtually Immersive | |
|  | | 1. Blended Immersive | |
|  | | 1. Physically Immersive | |
| **B (ii)** | **Please describe your plans in details, with methodology and expected outcome.**  *(You may add separate sheet as attachment)* | | | | | | |
|  | | | | | | | |
| End of SECTION B | | | | | | | |
| **C** | **EXPERIENCE** | | | | | | |
| **C (i)** | **Have you participated in any academic portfolio program/training/workshop for the last two (2) years?** | | | | | | |
|  |  | **YES** | | |  | | **NO** |

|  |  |  |
| --- | --- | --- |
| **D** | **BUDGET**  Please indicate your estimated budget for this research and details of expenditure. | |
|  | **Budget details** | **Amount requested by applicant** |
| **D (i)** | **Vot 11000**  Wages & Salaries | NOT APPLICABLE |
| **D (ii)** | **Vot 21000**  Travel Expenses & Subsistence |  |
| **D (iii)** | **Vot 24000**  Rental |  |
| **D (iv)** | **Vot 27000** Supplies & Other Materials |  |
| **D (v)** | **Vot 28000**  Maintenance & Minor Repair | NOT APPLICABLE |
| **D (vi)** | **Vot 29000**  Professional Services & Other Services |  |
| **D(vii)** | **Vot 35000**  Equipment |  |
| **TOTAL AMOUNT (RM)** | |  |

|  |  |
| --- | --- |
| **E** | **DECLARATION BY APPLICANT** |
|  | I hereby confess that All information stated here are accurate, University has right to reject or to cancel the offer without prior notice if there is any inaccurate information given.  ---------------------------------------------------- -----------------------------  Signature & official stamp of **Applicant**  Date |
| **F** | **ENDORSEMENT BY APPLICANT’S DEAN/HEAD OF DEPARTMENT** |
|  | Comments and Recommendation by **Dean/Head of Department**  Please tick (/):  [ ] Supported (the permission is given to the above named person)  [ ] Not supported  ---------------------------------------------------- -----------------------------  Signature and official stamp of Date  **Dean/Head of Department** |
| **G** | **REMARKS BY ASDPD** |
|  |  |

Note: APPLICATIONS SUBMITTED WILL BE TREATED IN FULL CONFIDENCE.

End of FORM A – UM TERG APPLICATION