*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.
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|  |
| **A (ii)** | **Delivery Method*** Describe your creativity and innovation along with their impacts towards your T&L delivery, supervision, and assessment.
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|  |
| **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.
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| **A (iv)** | **Recognition in T&L**Please showcase (if any);* Your sharing of best practices of your teaching, supervision, and assessment
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End of SECTION A

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| **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** |

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| **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