**Form C100 – Intent to Apply**

Due no later than 5 p.m. on Friday, October 18, 2013

Please complete the form below and return to:

**Dr. Elizabeth ‘Liz’ Valentine, ITQG Coordinator at:** he.academicaffairs@dhe.mo.gov

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| --- |
| Project Title (not to exceed 20 words) |
| 1. Name of Lead Higher Education Institution  |
| 2. Project Director from Lead Higher Education Institution | Name TitlePlease specify college/department (e.g. Professor, Chemistry) |
| Address Telephone Number |
| E-mail Address |
| Signature Date |
| 3. Co-Director(s) (Information for additional co-directors may be entered in the Abstract Form) | Name TitlePlease specify college/department or school level (elem. or middle) or subject area |
| Address Telephone Number |
| E-mail Address |
| Signature Date |
| 4. Grade Level |  |
| 5. Content Area |  |
| 6. Length |  One Year 2013-2014 Two Years 2013-2015 Three Years 2013-2016 |
| 7. Planned School District Partners |  |

**Please attach a brief description of the proposed project (no more than 300 words, single-spaced).**