SVTI-Student Vital Techology Initiative - 2014 - 2015 Proposals

Contact Information

1. Coyote ID *

   This is the official California State University, San Bernardino identification number

2. First Name *

3. Last Name *

4. Phone Number *

   Enter a 10-digit phone number(123) 456-7890 or (123)456-7890 or 123-456-7890

5. CSUSB Email *

   (Example: coyotej@coyote.csusb.edu or jcoyote@csusb.edu)

University Unit

6. Select from the following: *

  ○ Campus Division

  ○ Palm Desert Campus (PDC)

  ○ Student Organization

Division

7. Division *

  ○ Academic Affairs

  ○ Administration and Finance

  ○ Information Technology Services

  ○ Student Affairs

  ○ University Advancement

Academic Affairs - Departments

Please provide college departmental affiliation or specific office in your Project Abstract.

8. College/Department *****

Academic Personnel
Academic Programs
Academic Resources
Academic Scheduling
Center for International Studies and Programs
College of Arts and Letters
College of Business and Public Administration
College of Education
College of Extended Learning
College of Natural Sciences
College of Social Behavioral Sciences
Community-University Partnerships (CUP)
Graduate Studies & Assessment and Planning
Institutional Research
Office of Academic Research
Online & Distributed Learning
Pfau Library
Research and Sponsored Programs
Undergraduate Studies
Water Resource Instituite

Administration and Finance - Departments

9. Administration and Finance *

Please provide college departmental affiliation or specific office in your Project Abstract.

```
Accounting
Athletics
Budget Office
Capital Planning, Design and Construction
Commuter Services
Environmental Health & Safety
Events Scheduling
Facilities Services
Financial Operations
Human Resources
Printing Services
Property Management
Purchasing Office
Receiving/Mail Services
University Enterprises Corporation at CSUSB
University Police
```

Information Technology Services- Departments

10. Information Technology Services *

Please provide college departmental affiliation or specific office in your Project Abstract.

```
Academic Computing & Media
Administrative Computing Services
Associate Vice President Office
Common Management Systems
Data Center
Information Security Office
Technology Support Center
Telecommunications & Network Services
```

Student Affairs - Departments

11. Student Affairs *

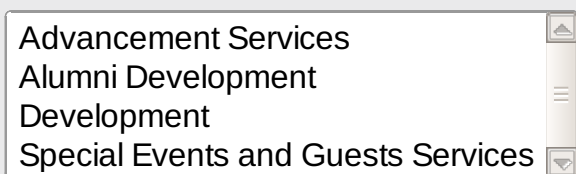Please provide college departmental affiliation or specific office in your Project Abstract.

Admissions and Student Recruitment
Associated Students, Inc.
Career Development Center
Children's Center
Financial Aid
Housing and Residential Life
Judicial Affairs
National Student Exchange
Psychological Counseling Center
Records, Registration and Evaluations
Recreational Sports
Services to Students with Disabilities
Student Health Center
Student Leadership & Development
Student Union
University Diversity Committee
Veterans Success Center
Workability IV

University Advancement - Departments

12. University Advancement *

Please provide college departmental affiliation or specific office in your Project Abstract.

Advancement Services
Alumni Development
Development
Special Events and Guests Services

Student Organization

13. Student Organization Name *

Proposal Details

14. Proposal Category *

College specific proposals may address a specific discipline need or program. General proposals may focus on technology needs of the general student body.

- ○ College
- ○ General

FY 2015

15. Total Amount Requested for FY 2015 *

[   ]

Project Abstract

16. Project Title *

[   ]

17. Project Abstract (250 words or less)

[   ]

18. How many students will be impacted annually?

[   ]

19. What are your intended Process Outcomes and/or Student Learning Outcomes?

"Process Outcomes" describe the improvements you expect to see as a result of changes to existing offerings, approaches, or processes in your office operation. Examples of these types of outcomes include: increased student use of your services, increased student satisfaction with your services, reduced waiting time for appointments, increased attendance at your events, reduce error rates, etc.

"Student Learning Outcomes" describe the knowledge, skills, or behaviors that you intend for students to acquire as they interact with your program/office.

20. What measures will you or evidence will you collect to determine whether the intended outcomes have been achieved?

(Please note Measure(s) 1 below will provide evidence for Outcome 1 above and so forth)

Project Timeline

21. Start Date (MM/DD/YYYY) *

22. End Date (MM/DD/YYYY) *

23. First Quarter of Student Use *
(example: Spring 2015, Fall 2016)

Project Collaboration

24. Statements of support by collaborating organization(s) or department(s) (if applicable)

Collaboration or endorsement allocated to project/program

25. Matching funds or resources allocated to project
List the source of your matching funds and the corresponding amount.

	Source	Amount
1		
2		
3		
4		
5		

BUDGET DETAILS

26. Export here the Excel file that contains the Budget information for your project. *

Choose File   No file selected   Upload

Print Copy

27. California State University, San Bernardino

*I hereby certify:

1. I Understand that the project that I have proposed must be accessible to students with disabilities and comply with Section 508 and IT guidelines.
2. I will participate in mandatory training for electronic & information technology purchases and outcomes assessment reporting.

*

☐ Yes