

**Indiana University-Purdue University Indianapolis  
International Development Fund**

**Chair's Evaluation**

Applicant: \_\_\_\_\_

Title of Project: \_\_\_\_\_

1. Does the applicant hold a tenured appointment? Circle one: YES NO
2. If not, is the applicant a full-time faculty member? Circle one: YES NO
3. Please verify the applicant's rank/position.

Please provide the International Development Fund Advisory Committee with a statement concerning the scholarly achievements and potential of the applicant. How will this project contribute to the applicant's professional goals? How will this award benefit your program and IUPUI, noting that this award is intended for institutional building purposes?

Typed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

Return this evaluation form in a sealed envelope marked "Confidential" by the deadline date to:  
Research Development Specialist, UL 1140, IUPUI.