

Center for Excellence in Collaborative Education
Interprofessional Student-led Mini-Grant

Contact Sheet

To Applicant

Center for Excellence in Collaborative Education CECE@...

Title of Project _____

Student Team *

A. _____ Profession #1: _____

E mail: _____ Phone: _____

B. _____ Profession #2: _____

E mail: _____ Phone: _____

C. _____ Profession #3: _____

E mail: _____ Phone: _____

D. _____ Profession #4: _____

E mail: _____ Phone: _____

Faculty Mentor()

*A: _____ Letter of Support _____

E mail: _____ Phone: _____

B: _____ Letter of Support _____

E mail: _____ Phone: _____

C: _____ Letter of Support _____

E mail: _____ Phone: _____

D: _____ Letter of Support _____

E mail: _____ Phone: _____

Program Director or Faculty Mentor: _____ Signature _____

E mail: _____ Phone: _____

SUPPORT DOCUMENTS REQUIRED for CECE Student-led Mini-Grant

Application Letter

(a) T P c

(b) D c c, a ac a b a a a

(c) Bac /S ca c a S c A P c (b c , b -
ac a)

P a b bac a a c a a ca c

a a IPE a / ab a , a / a -c ac c

Sa c ca c a c a (. . , c ,

/ b a , a a a).

l c a c a b a R a c &

> ? @!