



## Living Learning Community Proposal: Request for Funding

The Student Success Center is inviting you to solicit funds to support the development of learning communities and/or funds to enhance an existing living learning or learning community. Please submit a completed proposal using the following format with as much concrete detail as possible.

The Provost Task Force on Learning Communities recently defined learning communities for ODU as: “Restructuring of the students’ time, academic path, and learning experiences to build community among students, between students and their teachers, among faculty members and among disciplines.” In short, LC’s promote active and collaborative learning and create a richer, learner-centered environment.

### GENERAL INFORMATION

LC or LLC Title: \_\_\_\_\_  
 Requesting development funds \_\_\_\_\_ Support of existing LC \_\_\_\_\_ (Please check or note if submitting both)  
 Sponsoring College/School/Dept: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

### BRIEF DESCRIPTION

Please describe the theme or focus of your learning community, target audience, whether the LC is residential, any collaborative partners, etc.) How will any individual courses, seminars, or co-curricular activities integrate the theme/focus for this learning community? What student support services (such as mentoring, tutoring, supplemental instruction, leadership development) will be incorporated into the community experience? How will this LLC or LC contribute to student success at ODU?

### LEARNING OUTCOMES

- What will student participants learn/achieve/experience as a result of participating in this LLC?

### ASSESSMENT PLAN

Please do not feel limited by the spaces provided!

Item to be Assessed	Purpose	Assessment Method

## ACTIVITY PLAN

Identify the type of activities that would create a sense of community and/or reinforce classroom learning. It is understood that these plans are largely tentative at this point. Please do not feel limited by the spaces provided!

### Co-Curricular Program:

Activity/Program Description	Timing (Month)	Budget Needed

If applicable: Please list any courses

Instructor Name	Course	E-Mail	Phone

\*Please List all anticipated courses, but only list instructors if they are actively involved

## PROPOSED BUDGET

- What will your funding be used for? Examples may include: tutoring, mentoring, marketing, promotional materials, recruitment, training, courses, seminars, stipends or co-curricular programs.