

Faculty Development Funds Request

Faculty Member: _____ Date of Application: ____/____/____

Department: _____

Amount Requested \$ _____

Type of Activity: _____

Please provide a brief description of the proposed activity and its projected impact upon the applicant.

Timetable: _____

Other Sources of Funding: (please circle)

	Personal Funds	Donated Funds	Departmental Funds	Grant Funds
Division Coordinator			Date	Approval Denial
Chair of Faculty Development Committee			Date	Approval Denial
Academic Dean			Date	Approval Denial
				Approved Amount

*****Attach a line-item budget describing the total support needed to carry out this project, including release time costs if applicable. MUST attach a Check Request Form, as well.*****