



Faculty Development Application

Name: _____ Date: _____

Department: _____ Full-time Part-Time

Activity Information:

Do you have more than two faculty members attending an activity? If so, you are encouraged to apply for [Exceptional Faculty Funds](#).

Name of Activity/Conference: _____

Date of Activity/Conference: _____

Location of Activity/Conference: _____

Type of Activity: Check all that apply & attach any supporting documentation.

Conference/Workshop Special Development Project

Travel & Per Diem (attach Prior Approval) Tuition Reimbursement

Other: _____

Will you be presenting? Yes No

Have you received funding for this activity in the last 2 years? Yes No

Have you been denied funding for this activity in the last 2 years? Yes No

BUDGET PROPOSAL

Total Cost of Proposed Activity/Conference: _____

Amount available in your Faculty Development funding cycle: _____

Provide a brief description of the proposed activity below and how the activity benefits the institution & departmental goals. Also, please explain the relevance of this activity to your instruction and/or department (attach an additional page if necessary).

Signatures – Please obtain the following signatures:

Faculty Development Department Rep: _____

Department Chair: _____

Dean: _____

OFFICE USE ONLY:

Application #: _____ Approved: _____ Disapproved: _____ Alt. Funding: _____ Other/Note: _____