



Faculty Development Application

Name: _____ Date: _____

Department: _____ Full-time Part-Time

Activity Information:

Are more than two faculty members attending the same activity? If so, please 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
- Travel & Per Diem (Prior Approval REQUIRED)
- Registration Fees
- Special Development Project
- 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: _____

I am aware that expenses over the approved funding amount will not be covered. Yes No

Activity Details & Documentation:

Please attach detailed explanatory information about your request. This includes, but is not limited to: agendas, activity promotional materials, personal letter to the committee, frequency of activity, brief statement/s on relevance to your Teaching Effectiveness Plan, value to students/department, etc.

Occasionally, due to budget limitations, the committee can fund applications only partially. Will you still pursue this activity if partially funded? Yes No

*If YES, please prioritize those expense categories (ie travel, tuition, per diem) which would still allow you to participate.

Signatures– Please obtain the following required signatures:

Faculty Development Department Rep: _____

Department Chair: _____

Dean: _____

OFFICE USE ONLY:

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



Travel: Prior Approval

Travel Information

Traveler Name:	Contact Phone:
Date and time of departure:	Date and time of return:
Travel Destination:	Airfare needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of Travel:	

Funding Information

Will you request a reimbursement? <input type="checkbox"/> Yes (complete section below) <input type="checkbox"/> No		
Mileage:	Lodging:	Meals:
Transportation:	Registration:	
Total Trip Cost:	Budget #:	

Washington State Travel	Current per diem rates:	Out of State Travel
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Course Coverage (faculty only)

In my absence, my courses will be covered as follows:

BUDGET	COURSE	SECT.	DAYS	TIME	SUBSTITUTE	# OF SESSIONS

Traveler Signature _____ Date _____

Supervisor/Dean Signature _____ Date _____

Vice President Signature (Required for: Out-of-state travel, purchase of airline tickets, or when more than 5 employees will attend the same conference) _____ Date _____

President Signature (Required only for his/her immediate staff) _____ Date _____