Appendix H: Faculty Professional Development Application

To use Professional Development funds, a faculty member must submit an application. The application form and its supporting materials are to be routed a minimum of three weeks in advance of the event to the Department Chair/Director, Administrative Staff, Dean, and Provost/VPAA for their signatures and submitted electronically.

Faculty Information

| Last Name: | | MI | | |
|---|----------|-------------|----------------|---------------------------------------|
| State of Residence: | | | | |
| Department/School: | | | | Campus Address: |
| E-mail address: | | | | Campus Phone: |
| Full-Time Status: | Tenure | d | Not-tenu | red |
| | Summar | y of Profes | sional Devel | opment Activity |
| Title of Activity, e.g. conf | erence. | | | |
| Sponsoring Organization | : | | | |
| Level of Organization: | State R | egional | National | International |
| Location of Activity: | | | | Dates: |
| | | Reaso | n for Attend | ance |
| Meeting Presentation: | Paper | Poste | r Oth | er |
| Title of Presentation: | | | | |
| *Type of Selection: | Refereed | Jui | ried Exhibitio | n/Performance |
| *Refereed publications competitively judged a | - | | | are those that are peer reviewed, ie. |

Documentation Required:

- 1. A copy of the acceptance notification or event program.
- 2. An abstract of the presentation.
- 3. Travel Authorization (if applicable)
- 4. Must provide document of award, grant or other funding source.

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Sources of Funding

| Estimated Expenses: | | Fund | Org | Acct | Amount |
|--|------------------------|-------------------|--------------|-----------------|-------------|
| Registration: | | | | | |
| Meals: | | | | | |
| Transportation: | | | | | |
| Lodging: | | | | | |
| Other - Travel Related: | | | | | |
| Total: | | | | | |
| The information above Non-Travel Professional Education: | · | | - | | |
| Fund | Org | Account | | Total | |
| REQUIRED SIGNATURES: | | | | | |
| Faculty Member: | | | Data | | |
| | | | Date: | | |
| Chair/Director: | | | Date: | | |
| Dean: | | | Date: | | |
| Provost: | | | Date: | | |
| The form must be complete | e, include all require | ed signatures, an | d be submitt | ed either in ha | ard copy or |

Original receipts are required for reimbursement of expenses. All receipts and travel expense forms must be submitted within ten days of the completion of travel.

electronically with the specified supporting documentation. Submissions are to be routed from the faculty

member to the Department Chair/School Director, Administrative Staff, Dean, and Provost/VPAA.

Appendix H H-2