

Application for Faculty Development Funding

2017-18

Name: _____ Application Date: _____

Name of Conference: _____

Date(s) of Conference: _____ Location: _____ Dates of Travel: _____

Please check which best described your faculty status:

- Full Time
- Visiting
- Senior Lecturer
- Part-time (more than 12 years continuous service)
- 1st year Retired (with 15 years of service or longer)
- Beyond 1st year Retired (with 15 years of service or longer)

Speaker/Presenter (If yes, please explain):

Enhanced Effectiveness

Please explain how your attendance at this conference will increase your effectiveness as a teacher/scholar/researcher

*****Note to Applicant: For Office Use Only*****

Faculty Development Committee Voucher

Date: _____ FDC Chair: _____

The Committee has considered a request for \$ _____ from Professor _____

The Committee recommends funding the request in full.

The Committee recommends funding to the extent of \$ _____
Rationale: _____

The Committee does not recommend funding.
Rationale: _____

Funds to be encumbered in: _____ (new year) \$ _____

FDC Chair's Digital Signature: _____ Dean's Digital Signature: _____

Airfare: \$ _____

Personal Vehicle

Number of Miles: _____

Cents per mile: _ \$0.545

Total Personal Vehicle: \$ _____

Accommodations

Number of Nights: _____

Average Cost per night: \$ _____

Cost Subtotal: \$ _____

Tax: \$ _____

Total Accommodations: \$ _____

Meals: \$ _____

Conference Fees: \$ _____

Other (Please List)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Other: \$ _____

Total Requested \$ _____