

## FACULTY APPLICATION FOR PROFESSIONAL DEVELOPMENT FUNDS (8/18)AA

Name of Applicant:		Dates of Activity:	
Category of Activity:		Department:	
Title of Applicant:			
Description of Activity: (Attach		orogram)	
• • • • • • • • • • • • • • • • • • • •	_	program)	
Title of Meeting, Conference, or E	vent:		
Location:			
If <b>presenting</b> , please list title of p	aper, presentation	on or performance, and authors	
If serving as board member, socie	ety officer or orga	anizer, please list function at meet	ing
Briefly describe the type of develo	opment activity to	o be undertaken: (Attach additional p	pages if necessary)
Explain how this activity fits into y	your overall facul	ty development plan: (Attach additio	onal pages if pagesany)
Explain flow this activity his into y	our overall lacul	ty development plan. (Attach addition	onai pages ii necessary)
Dudget Breekdeum, Dieses vo		al deteiled east information in this	do ou mo o má
Provide a breakdown for each car		nd detailed cost information in this	document.
riovide a breakdown for each cal	legory, where ap	plicable.	
Travel Cost Description	Cost		
Airfare		<u>Calculations</u>	<u>:</u>
Mileage (@\$0.545 per mile)*			
Lodging (Days @ rate/day)*			
Meals (not covered by event)*			
Registration fees			
Other			
Total:			
*Provide Calculations			
Faculty awarded professional developr	nent funds must ຣເ	bmit a brief report and an expense vou	cher within two weeks following
the conclusion of the funded activity.			
If you are receiving funding from o	other sources for	this activity/project, please specify	y source and amount.
Amount:		Source:	
Less funding from other sources:			
TOTAL FUNDING REQUESTED:			
* All funds granted are reimbursemen requisition form is available here: http period, available funding will be limite amount awarded in response to each additional funding may not be availab	o://www.glenville.e d. It will be up to t funding request u	du/mygsc/forms.php). Though funding the discretion of the Office of Academi to to the maximum allotted. Once the	g will be allocated for each time ic Affairs to determine the
Signature of Requester:		Department Chair Signature:	Date:
Approved: Denied:			
Amount Approved:			
Provost Signature:			