GLENVILLE STATE COLLEGE

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

Name of Applicant: _____   **Dates of Activity**: _____

Category of Activity: _____   **Department:** _____

Title of Applicant: _____

Description of Activity: (Attach meeting or event program)

Title of Meeting, Conference, or Event:

Location:

If **presenting**, please list title of paper, presentation or performance, and authors

If serving as board member, society officer or organizer, please list function at meeting

Briefly describe the type of development activity to be undertaken: (Attach additional pages if necessary)

Explain how this activity fits into your overall faculty development plan: (Attach additional pages if necessary)

Budget Breakdown: Please provide accurate and detailed cost information in this document.
Provide a breakdown for each category, where applicable.

Travel Cost Description	Cost
Airfare	
Mileage (@$0.58 per mile)*	
Lodging (Days @ rate/day)*	
Meals (not covered by event)*	
Registration fees	
Other	
Total:	

Calculations:

*Provide Calculations

Faculty awarded professional development funds must submit a brief report and an expense voucher within two weeks following the conclusion of the funded activity.

If you are receiving funding from other sources for this activity/project, please specify source and amount.

Amount:_____   **Source:** _____

Less funding from other sources: _____

TOTAL FUNDING REQUESTED: _____

* All funds granted are reimbursements to requester. Contact the purchasing office for proper documentation (the purchase requisition form is available here: http://www.glenville.edu/mygsc/forms.php). Though funding will be allocated for each time period, available funding will be limited. It will be up to the discretion of the Office of Academic Affairs to determine the amount awarded in response to each funding request up to the maximum allotted. Once the maximum funding is awarded, additional funding may not be available until the next academic year.

Signature of Requester: _____   Department Chair Signature:_____ Date: _____

Approved: _____   Denied: _____

Amount Approved: _____

Provost Signature:_____