

APPLICATION FOR PART-TIME FACULTY PROFESSIONAL DEVELOPMENT FUNDS

Name \_\_\_\_\_ Phone/Ext. \_\_\_\_\_ Date \_\_\_\_\_  
Last First

Department: \_\_\_\_\_

Professional Development Request (Check one): **Please include date of meeting/workshop**

- All College Day
- Department Meeting
- Other Meeting \_\_\_\_\_
- Workshop: (name) \_\_\_\_\_
- Committee: (name) \_\_\_\_\_
- Other: \_\_\_\_\_

Stipend Amount Requested (Check one):

- \$50 0-2 hours
- \$100 3-4 hours
- \$200 5-8 hours
- Workshop: (name) \_\_\_\_\_
- Committee: (name) \_\_\_\_\_

PLEASE PROVIDE A BRIEF EXPLANATION OF WHY YOU WISH TO ATTEND THIS MEETING/TRAINING:

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

Dean Approval *Recommend*  *Not Recommended*  *Rationale* \_\_\_\_\_

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Appeal to Vice President for non-recommendations ONLY: Date appeal submitted \_\_\_\_\_

VP Response to appeal: \_\_\_\_\_

**SUBMIT APPLICATION TO: Margie Sandello, Coordinator, StuSvcs- Bldg 55**

*Confirm fund availability*

Signature of Budget Account Manager \_\_\_\_\_ Date \_\_\_\_\_

Budget Account #: 01-50-30-6450-3057-1461