

Updated 1/10/14

COLLEGE OF FINE ARTS

PROFESSIONAL DEVELOPMENT FUNDS REQUEST

Name:

Department:

Date of Travel: _____ to _____

Date of Request:

Destination:

Faculty Signature: _____

Justification for Professional Development:

| | |
|---------------------|-------------------------|
| Estimated Expenses: | Airfare: |
| | Lodging: |
| | Meals: |
| | Registration: |
| | Other (identify below): |
| _____ | |
| | TOTAL: |

| | | |
|---|-----|----|
| Presenting: | Yes | No |
| Tenured: | Yes | No |
| If no, tenure year: | | |
| Current Rank: | | |
| Total awards in the past 12 months from the dept. or college: | | |
| Funding for this project outside the department or college: | | |

Committee Recommendation:

Department Commitment:

College Commitment:

\$ _____
(Amount)

\$ _____
(Amount)

\$ _____
(Amount)

(Committee Chair)

(Department Chair)

(Dean)

(Date)

(Date)

(Date)



Funds will be transferred by the Dean's office to the department account upon approval by Chair and Dean

Budget Transfer Number: _____

Department FOAP: _____

Amount: \$ _____

Date: _____