

## FACULTY DEVELOPMENT DEPARTMENT/COLLEGE SUPPORT

**Applicant Name:** 

**Departments:** 

College:

**Title of Project:** 

## DEPARTMENT SUPPORT

□ I support this application for a Faculty Development award.

Briefly justify your support.

## DEPARTMENT SUPPORT CONTINUED

□ I am unable to support this application for a Faculty Development award.

Describe rationale for lack of support.

Signature of Department Chair

Date

## COLLEGE SUPPORT

□ I support this application for a Faculty Development award.

Briefly justify your support.

□ I am unable to support this application for a Faculty Development award.

Briefly, describe the rationale for lack of support.

Signature of College Dean

Date