

2009-2010
Application Form
College of Arts & Communication
Professional Development Fund

Name:
Department:

Classification: Classified _____
Academic Staff _____
Faculty _____

Describe the proposed development activity and describe how it relates to your teaching, research, service or professional duties:

Estimated expenses:

Department Chair/Supervisor: _____
Recommend _____ Do not recommend _____ Date _____

Associate Dean: _____
*Approve _____ Do not recommend _____ Date _____

*Approval of this proposal promises that the applicant will receive reimbursement up to but not in excess of his or her guaranteed total yearly amount (note guidelines).