

Faculty Development Funds Application

Updated 08/03/20

Requested for _____ Summer/Fall _____ Spring/Summer Fiscal year _____

Please complete and forward this application along with copies of any documentation supporting your request to your Chair or Director. Upon their approval, Chairs and Directors will forward these documents to their Dean.

Name: _____ Department/School/College: _____

Campus Phone: _____ Email: _____

Proposed Activity Priority Category (check all that apply):

Probationary, Tenure Track Faculty Member
 Presenter/Presenter/Organizer/Honoree
 Performance Learning Initiative
 Distance Delivery/Online Resources Instructional Initiative
 Diversity/Inclusion in the Curriculum
 Other (explain) _____

Conference/Meeting/Workshop/Project: _____

Title of Project/Presentation/Activity: _____

Sponsoring Organization: _____

Dates of Event(s): _____ Location: _____

Budget: Please note that university support for travel is suspended until further notice due to Covid-19 concerns. Other professional development activities are still eligible for funding at this time.

Funding Level Requested	<input type="checkbox"/> \$1250-\$1500	<input type="checkbox"/> \$750-\$1249	<input type="checkbox"/> <\$750
Travel:	Personal Auto Miles:	x	Total Transportation:
<i>estimate</i> Air/Train: _____	_____	\$.58/mile	\$ _____
Lodging: No. of Nights: _____	Cost/Night: _____		Total Lodging: \$ _____
			Registration*: \$ _____
			Other essential**\$
			Total Request: \$ _____

* - Faculty development funds should not be applied to membership fees.
** - Please explain any additional support requested on a separate sheet.

Is funding available from other sources? _____ No _____ Yes _____ If yes, amount: \$ _____

If yes, are these sources internal to Millikin? _____ No _____ Yes _____ If yes, amount: \$ _____

If not internal, what is the source of the funds? _____

Have you received support from faculty development funds in the current fiscal year? Yes ___ No ___

If **Yes**, please list:

Project: _____ Date: _____ Amount: \$ _____

Describe the impact of your proposed activity on teaching, scholarship, professional development and/or service as described in your current growth plan and in relation to each of the institutional priorities checked above:

A final report on these activities should be submitted to your Dean at time of reimbursement.

Signature of Applicant: _____
Signature of Chair _____

Date: _____
Date: _____

Dean's Recommendation:

Signature of Dean: _____

Date: _____

- Approved
- Not Approved
- Deferred for Later Reconsideration

Signature of Provost: _____

Date : _____