

COVER SHEET FOR 2018-2019 AF PROFESSIONAL DEVELOPMENT AWARD APPLICATION

Name of Applicant: _____
Printed Name Academic Title(s)

Number of years of continuous service in academic title(s) _____

Title of Proposal: _____

Applicant's Signature: _____

Quarter or Timeframe Desired: _____

Home Department: _____

Phone: _____ Email _____

Previous Professional Development Award Received? Yes ___ No ___ Date _____

This project will be administered by the Department of _____

Department Administrative Contact: _____
Printed Name Email Phone

Department Chair Signature: _____
Department Chair applications must be signed by Dean

Dean's Signature: _____

Proposal Check List

____ Cover Sheet (signed)

____ Service Activity in the last four years (if applicable)

____ Proposal (5 pages maximum, single-spaced)

____ List of Publications in the last four years (if applicable)

----- (office use only) -----

	<u>DaFIS</u>	<u>FAU</u> <u>(Full Account Unit)</u>	<u>Fund</u> <u>Source</u>	<u>(Fund</u> <u>Legacy)</u>
Course	_____	_____	GENFND	(19900)
Research Support	_____	_____	GENFND	(19900)