Name of Applicant: ________________________________________________________________

Printed Name     Academic Title

Number of years of continuous service in title _______________________________________

Title of Proposal: ________________________________________________________________

Applicant’s Signature: _____________________________________________________________

Quarter 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

Original plus one copy of the following:

_____Cover Sheet (signed)

_____Service Activity

_____Research Proposal (3 pages maximum, single-spaced)

_____List of Publications in the last four years

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

<table>
<thead>
<tr>
<th>DaFIS</th>
<th>FAU (Full Account Unit)</th>
<th>Fund Source</th>
<th>(Fund Legacy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
<td>______________________</td>
<td>GENFND</td>
<td>(19900)</td>
</tr>
<tr>
<td>Research Support</td>
<td>___________</td>
<td>GENFND</td>
<td>(19900)</td>
</tr>
</tbody>
</table>