Name of Applicant: ____________________________________________________________
Printed Name  Academic Title

Type of Proposal: Category A: Support Funds Only__ Category B: Paid Instructional Leave __

Title of Proposal: ____________________________________________________________

Applicant’s Signature: ________________________________________________________

Quarter Desired: _____________________________________________________________

Home Department: ___________________________________________________________

Phone: __________________________ Email ________________________________

Previous Professional Development Award Received? Yes: ___ No: ___ Date: ________

Length of service (number of quarters). __________________________________________

This award will be administered by the Department of _____________________________

**Department request for replacement funding:**
Indicate dollar amount and include specifics in supervisor’s letter

Department Administrative Contact: _____________________________________________
Printed Name  Email  Phone

Department Chair Signature: _________________________________________________

Dean Signature: ____________________________________________________________
Only Required for Paid Instructional Leave

**Proposal Check List**

Original plus one copy of the following:

_____ Cover Sheet (signed)

_____ Research Proposal

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(Vice Provost Office use only)

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<th>FAU (Full Account Unit)</th>
<th>Fund Source</th>
<th>(Fund Legacy)</th>
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