COVER SHEET FOR 2016-2017 UNIT 18
PROFESSIONAL DEVELOPMENT AWARD APPLICATION

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

-------------------------------------------------------------------------------------------------------------------------------
DaFIS  FAU (Full Account Unit)  Fund Source  (Fund Legacy)
Course  ________  ________________  GENFND  (19900)

Research Support  ________  ________________  GENFND  (19900)