COVER SHEET FOR 2017-2018 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

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DaFIS FAU Fund Fund
Course (Full Account Unit) Source Legacy
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Course _______ _____________ GENFND (19900)
Research Support _______ _____________ GENFND (19900)