COVER SHEET FOR 2017-2018 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)-------------------------------------------------------------------------

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