COVER SHEET FOR 2018-2019 FACULTY DEVELOPMENT AWARD APPLICATION

Name of Applicant: ____________________________________________
Printed Name     Academic Title

Title of Proposal: ____________________________________________

Applicant’s Signature: ________________________________________

Quarter Desired: __________ Released Course: ____________________

Home Department: ____________________________________________

Phone: ___________________________ Email ________________________

Previous Faculty Development Award Received? Yes__No__ If yes, Award Date: ______

Appointment Date: ____________________________________________

This project will be administered by the Department of ______________________

Administrative Contact: ________________________________________
Printed Name     Email     Phone

Department Chair Name: ________________________________________

Department Chair Signature: ___________________________________
Department Chair applications must be signed by Dean

<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>OPPAA</td>
<td>(09510)</td>
</tr>
</tbody>
</table>

Proposal Check List:

____ Cover Sheet
____ Service Activity
____ Course to be released from
____ Research Proposal (3 pages maximum, single-spaced)
____ List of Publications since 2013