COVER SHEET FOR 2018-2019 UNIT 18
PROFESSIONAL DEVELOPMENT AWARD APPLICATION

Name of Applicant:__________________________________________________________
   Printed Name  Academic Title

Category A: Support Funds Only ______  Category B: Paid Instructional Leave ______

Title of Proposal:__________________________________________________________

Applicant’s Signature:_____________________________________________________

Quarter Desired, if applicable_____________________________________________________________________

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 Director/chair’s letter

Department Administrative Contact:_____________________________________________
   Printed Name  Email  Phone

Department Chair Signature:__________________________________________________

Dean Signature:____________________________________________________________
   Only Required for Category B: Paid Instructional Leave

Category A Application Check List  Category B Application Check List

_____Cover Sheet (signed)  _____Cover Sheet (signed)

_____Proposal (1-2 pages)  _____Proposal (2-5 pages)

_____Director/chair’s letter

---------------------------------------------------------------------------------(Vice Provost Office use only)----------------------------------------------

DaFIS    FAU    Fund    (Fund
Course  source  Legacy)  (19900)

Research Support  GEFNFD  (19900)

 DaFIS    FAU    Fund    (Fund
Course  source  Legacy)  (19900)