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

____Cover Sheet (signed)

____Proposal (1-2 pages)

Category B Application Check List

_____Cover Sheet (signed)

_____Proposal (2-5 pages)

_____Director/chair's letter

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

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