

APPLICATION FOR SUPPLEMENTAL PROFESSIONAL ACTIVITY SUPPORT

(Please refer to Article D.8 of the Faculty Contract)

[NOTE: This application and supporting documentation are required to be considered for support beyond the amount allocated to each faculty member by Article D.8.]

NAME: _____ SIGNATURE: _____ DATE: _____

1. Please identify the conference or activity for which support is requested:
[Attach appropriate supporting documentation, including documents showing acceptance of your paper or presentation. A copy of the Faculty Absence Report is required if you miss a class or classes for this activity. If a paper will be (or was) delivered, please attach a copy.]

2. Date and location of the conference/activity:

3. Please provide a detailed budget according to the categories listed:

Conference registration/fees.....	.\$ _____
Transportation\$ _____
Lodging\$ _____
Meals\$ _____
Miscellaneous (provide detail).....	.\$ _____
TOTAL\$ _____

4. Total awarded this year, if any, above the base Professional Improvement allocation (\$1000) before this request? \$ _____

5. Current balance in your Professional Improvement fund?
(Confirmed by Dean's office as of ___ / ___ / ___) **5.a** _____

Of the amount spent from your Professional Improvement fund, how much was spent on non-conference activities such as books and similar purchases? **5.b** _____

6. **TOTAL REQUESTED.** Of the total amount shown above in **Item 3**, how much are you requesting? \$ _____

RECOMMENDATIONS:

Department Chairperson: Yes ___ No ___ Chairperson's Signature: _____

Comment:

Dean: Yes ___ No ___ Dean's Signature: _____

Comment: