

Funding Request for Faculty Development
(Non-travel related: grants, research support, education, short courses, etc.)

Faculty Member's Name:

Rank:

Division and Department:

Description of Activity:

Purpose:

Amount:

Include a statement from supervisor/chair supporting the request and describing how the projected activity will benefit the faculty member, Concord University, and Divisional/Departmental operations.

Faculty Member: _____ (signature)

Division Chair/Supervisor: _____ (signature)

(For Development Committee Use)

Committee Recommendations: Approved _____ Disapproved _____

Amount Awarded: \$ _____

Vice-President and Academic Dean: Approved _____ Disapproved _____