

Funding Request for Faculty Development Support Grant (Travel Support)

Faculty Member's Name:

Rank:

Division and Department:

Name of Organization and/or Activity:

Date(s):

Location:

Include a statement of how the activity will benefit the faculty member, Concord University, and Divisional/Departmental operations. (If participating in a function, describe the nature of the participation. If presenting a paper, indicate the title of the paper and attach a copy.)

AMOUNTS REQUESTED

Registration fee:

Lodging:

Travel:

Divisional/Departmental Support Funds:

Total Amount Requested:

Note If no divisional/departmental monetary support is provided then a statement from the divisional/departmental chair must accompany the request explaining why no support is being provided at that level.

Faculty Member: _____ (signature)

Division Chair/Supervisor: _____ (signature)

(For Development Committee Use)

Committee Recommendations: Approved _____ Disapproved _____

Amount Awarded: \$ _____

Vice-President and Academic Dean: Approved _____ Disapproved _____