

Professional Development Form - Edwards College of Humanities and Fine Arts

Name _____ Department _____ Rank _____
Amount Requested _____ Conference/Workshop Title _____
Conference/Workshop Dates _____ I plan to make a total of _____ requests this year
This is request number _____ This request is my _____ (first, second, third) priority

Please mark both the main category and subcategory for which you are requesting funding (first column), as well as its location/scope (second column).

Conference (Indicate Type)

- ☐ Chairing panel at conference
- ☐ Presenting at conference
- ☐ Serving on committee at conference
- ☐ Serving on conference board
- ☐ Serving on panel at conference
- ☐ Other service to discipline _____

International Travel
National Travel
Regional Travel
Virtual

** Be sure to include in the request narrative as appropriate 1) your abstract, 2) a description of the panel on which you are serving, or 3) information about the board or committee on which you serve. For 1) or 2), please describe how the paper or panel relates to your research and/or teaching.*

☐ **Workshops or** ☐ **Lectures** directly related to one's discipline and/or teaching.

Workshop/Lecture subject/title: _____

** Be sure to clearly explain in the request narrative how this will relate to your current creative work or classroom activities.*

☐ Research/Creative Activities

- | | |
|--|---|
| <input type="checkbox"/> Archives Visit/Library Visit/fees | <input type="checkbox"/> Copyright fees |
| <input type="checkbox"/> Art Exhibit | <input type="checkbox"/> Field work |
| <input type="checkbox"/> One-person show | <input type="checkbox"/> Performance |
| <input type="checkbox"/> Invitational exhibition | <input type="checkbox"/> Survey/Mailing supplies/Copying Supplies |
| <input type="checkbox"/> Juried exhibition | <input type="checkbox"/> Other |

Performance

Directing/Choreography
Design/Production
Acting

** Be sure to clearly explain in the request narrative how this will relate to your current creative work or classroom activities.*

☐ Additional Professional Development

If not covered in above options, please specify type of development support requested below.

- ☐ Gallery Director:
- ☐ Safety Technician:
- ☐ Program Coordinator:
- ☐ Other:

☐ *Be sure to clearly explain in the request narrative how the proposed Professional Development will relate to teaching enhancement.*

PROFESSIONAL DEVELOPMENT EXPENSE WORKSHEET

ONLY for International, National, or Regional Travel Expenses, complete the section immediately below; for any other types of expenses, please complete the section at the bottom of the page.

Travel:

Destination (city, state/country:

Date of departure:

Date of return:

Airfare:

Personal Vehicle: Number of Round
 Trip Miles(based on
CCU Motor Pool: attached map):

Fuel Estimate:

Hotel:

Per Diem:

Domestic Destination:

Number of Days

Travel:

International

Destination:

Registration:

Incidentals:

Baggage:

Local Transportation:

Parking:

Rental Car:

Fuel for rental car:

Other:

Intl' Travel Insurance: Number of Days
 as Intl Travel Ins. is \$3/day:

Total Travel Expenses:

Airline Voucher Amount Available

Expenses to be paid by:

Travel Expense Card (meals may not be billed to TE Card) Date to load card

Personal Reimbursement (reimbursement with an Expense Settlement after travel is completed)

Other Professional Development Expenses from Research/Creative Activities Section:

Type of Expense:

Estimate Cost:

Total Expenses Requested:

Do you anticipate any additional funding request(s) this academic year? ☐ Yes ☐ No

Did you receive funding in the previous 1 – 3 academic years? ☐ Yes ☐ No

If yes, please list below how you used the funds each year (amounts are not necessary), and please

Describe the outcome of each professional development opportunity (bullet points preferred). Be sure to include or attach information as described on the first page (in 500 words or fewer):

Describe your request for professional development and its importance to CCU and/or to your professional growth. Explain how this request applies to your discipline. Be sure to include or attach information as described on the first page (in 500 words or fewer):

Applicant's Signature: _____

Date:

Applicant's Name: _____

Applicant's Department: _____

Rank:

Department Chair Review

Comments:

Rank of request, based on department's criteria: (Select One)

- 3: Highest Priority
- 2: High Priority
- 1: Priority
- 0: Not Approved

Signature:

Date:

Dean's Review

Approved

Not Approved

Explanation:

Amount Allocated:

Budget Code to be used for Travel Authorization and/or Expense Settlement form:

Final Approval Signature:

Date: