

Professional Development Grant Application

Name _____

Phone _____

Department _____

College _____

Chair's Signature _____

Use the space below to apply for a professional development grant

Total Requested _____

Proposal # _____ (office use)

College Faculty/Staff/Students Return to Dean's Office by 5:00 p.m., November 13th
Others (those not part of one of the colleges) - Return to Director or AVP's Office by
5:00 p.m., November 13th