

Office of Sponsored Programs and Faculty Development
Faculty Development Program

APPENDIX F: Faculty College Application and Budget Form

Name: _____ Department: _____

Phone: _____ E-mail Address: _____

Title of Program to be Offered: _____

Preferred Dates and Times: _____ Length of Program: _____

Target Audience: _____

Estimated Number of Attendees: _____ (Minimum: _____ Maximum: _____)

Purpose and Anticipated Professional Development Outcomes and Attendees:

Overview of Program Content:

Brief Description for Faculty College Fliers/Brochure:

Attach budget if auxiliary or CAS support is requested.

Budget

Please enter an amount of zero for any budget items that do not apply to your project.

Speaker Fees: _____

Speaker Travel: _____

Other Auxiliary Expenses: _____ (Detail below)

Total Auxiliary Funds Requested: _____

Justify Use of Off-campus Speaker:

Detail other Auxiliary Expenses:

Amount of CAS Requested: _____

Justification for CAS (explain why the activities for which CAS is requested are beyond the normal time allocated for professional development under your regular contract):

Work Plan: (outline the time and effort to be devoted to project-related tasks for which CAS is requested):
