



APPLICATION FOR PART-TIME FACULTY PROFESSIONAL DEVELOPMENT FUNDS

NAME: \_\_\_\_\_ BANNER ID. \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

For a request that includes a conference, a workshop, or travel:

Title of Activity \_\_\_\_\_ Location \_\_\_\_\_
Date/Length of Activity \_\_\_\_\_
Sponsoring Organization \_\_\_\_\_ Registration Fee \_\_\_\_\_
Mileage @ \_\_\_\_\_ Mileage Total \_\_\_\_\_
Cost of Meals \_\_\_\_\_ Lodging Costs \_\_\_\_\_ Other \_\_\_\_\_
Total Cost \_\_\_\_\_

For a request for resources (materials, memberships)

Description of resources requested \_\_\_\_\_
Source of resources \_\_\_\_\_ Total Cost \_\_\_\_\_

Total Funds Requested \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

TOTAL AMOUNT AWARDED \_\_\_\_\_

UCCPTFA COMMITTEE CHAIR \_\_\_\_\_

UCCPTFA PRESIDENT \_\_\_\_\_

UCCPTFA Committee Representative \_\_\_\_\_