

Lincoln Memorial University
Request for Faculty Professional Development Funds



Requestor Information

Name: _____ **Phone:** _____
Department: _____ **Email:** _____
Supervisor: _____

Faculty Development funds previously approved (current academic year):
Faculty Development funds expended (current academic year):

Professional Development Activity

Start Date: _____ **Estimated Travel:** _____
End Date: _____ **Estimated Fees:** _____
Location: _____ **Estimated Meals:** _____
Date Required: _____ **Estimated Lodging:** _____
Total Requested: _____

Purpose:

Participation: Attendee Other Description: Presentation Title:
 Moderator
 Presenter*
 Other

**Presenters must attach copy of acceptance letter or program to this form.*

**Benefit to
LMU/Requestor:**

Funding: Have other sources of funding been explored, e.g., School/Department funds? Yes (**Explain Below**) No

Approval

Requestor Signature _____
Date

Supervisor Signature _____
Date

School Dean (Please print name) Signature _____
Date

NOTE: When the requestor's School/Department has faculty development funds, the requestor must seek funding from those sources prior to submitting this application. By signing above, the requestor and supervisors indicate that this requirement has been satisfied.

FDC Use Only

Amount Recommended: _____ Comments: _____

*Ej ckt. Hcewnf 'F gxnqro gpv'Eqo o kavg '*Ui pcwt g+'.....F cvg*

VPAA Use Only

Account Number	Amount Approved	Comments

Vice President for Academic Affairs (Signature) _____
Date