



**Request for Professional Development Funds - Faculty**

Please follow these steps to request financial aid or release time/support to attend a professional development activity.

1. Complete this form.
2. Attach the appropriate information about the professional development activity (i.e. brochure, flyer, etc.) to this form.
3. Submit all of the above to the Department Chair and Instructional Director in your area for their review and approval. Note: The Instructional Director will determine which cost center (s) to allocate.

Faculty Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*Faculty Status:**

Full-time Faculty

(Annual Allotted Amount: \$500)

Adjunct Faculty

(Annual Allotted Amount: \$350)

Date of this application: \_\_\_\_\_

Dates of proposed travel: \_\_\_\_\_

**\*\*Purpose of request:**

To deliver a workshop, seminar or training

To attend a conference, workshop, training or class

To purchase textbooks/class materials/tuition

Other \_\_\_\_\_

Name of conference, workshop or class you plan to attend: \_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

**\*\*Budget: Please itemize your anticipated costs:**

Transportation costs: \_\_\_\_\_

Registration/tuition/texts: \_\_\_\_\_

Lodging and meals: \_\_\_\_\_

Total costs: \_\_\_\_\_

Amount requested: \_\_\_\_\_

**\*\*What is (are) your professional development goal(s) as identified on your Professional Development Plan?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty signature: \_\_\_\_\_ (Please submit to your Department Chair and Instructional Director for approval.)

**Approval Signatures** \_\_\_\_\_  
Department Chair Instructional Director Chief Academic Officer

Amount to be disbursed: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Balance: \_\_\_\_\_

Amount to be disbursed: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Balance: \_\_\_\_\_

**To be completed after attending the professional development activity:**

1. On a Scale of 1 – 5, how did this Workshop/Conference/Class benefit your current professional development goals:

VALUE	1	2	3	4	5
quality	unsatisfactory	fair	good	very good	excellent

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What did you learn/bring back that is useful for you?

- Teaching/learning strategy   
Assessment tool   
Classroom management technique   
CE or CEU credits to maintain licensure/certificate   
Other \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How will this information be shared with other faculty in your department or across campus?

- Brown bag session   
Department meeting   
Department Moodle shell   
CGCC email   
Other \_\_\_\_\_   
N/A

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Reimbursement for additional travel expenses submitted?

- Yes   
No