

**REQUEST FOR AD HOC FACULTY DEVELOPMENT FUNDS
COLLEGE OF LIBERAL ARTS**

Note: Please submit this form to Dean Michele Dillon for review and approval.

NAME: _____ **DATE:** _____

DEPARTMENT: _____ **FACULTY TYPE:** _____

REASON FOR THE REQUEST:

TOTAL COST: _____

OTHER CONTRIBUTORS: _____ **AMOUNT:** _____

_____ **AMOUNT:** _____

ANTICIPATED START DATE: _____ **END DATE:** _____

Note: All receipts must be submitted to the COLA BSC within two weeks of when the charges were incurred, otherwise the funds will be released to support other individuals.

DEPARTMENT CHAIR COMMENTS:

DEPARTMENT CHAIR SIGNATURE: _____

DEAN'S COMMENTS: _____

AMOUNT APPROVED: _____ **FUNDING SOURCE:** _____

APPROVED BY: _____

Signature

Date

Cc: COLA BSC
Department Chair
S. Dumais