

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

INSTRUCTIONS: Please submit this form to Dean Michele Dillon for review and approval along with an itemized budget for your proposal.

NAME: _____ **DATE:** _____

DEPARTMENT: _____ **FACULTY TYPE:** _____

REASON FOR THE REQUEST:

TOTAL COST: _____

OTHER CONTRIBUTORS: _____ **AMOUNT:** _____

_____ **AMOUNT:** _____

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

Note: All reimbursable expenses must be documented with a receipt submitted to the Dean's Office for review along with a Reimbursement Form within 30 days of when the charges were incurred.

DEPARTMENT CHAIR COMMENTS:

DEPARTMENT CHAIR SIGNATURE: _____

DEAN'S COMMENTS: _____

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

APPROVED BY: _____

Signature

Date

Cc: Finance
Department Chair