

**Tennessee Technological University**

**Request Form for Professional Development Support from Faculty Development Fund**

**NOTE: If you are presenting use the Travel Support Form.**

Please fill in all sections and check appropriate boxes. Incomplete forms will be returned. Your department chair and college dean must sign this form in section 5. The college dean's office should submit the **completed** form to the Office of the Provost, attn. Faculty Development Fund.

***1. Requester Details***

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty Rank:  Professor     Associate Professor     Assistant Professor  
 Tenure-track/Tenured Instructor     Lecturer

College: \_\_\_\_\_

Department: \_\_\_\_\_

***2. Professional Development Activity Details***

Title of Activity: \_\_\_\_\_

Description of Activity:

Sponsoring Organization: \_\_\_\_\_

Website URL: \_\_\_\_\_

Location (City/State/Country): City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Dates for Activity(MM/DD/YY - MM/DD/YY): \_\_\_\_\_ - \_\_\_\_\_

\*You are also encouraged to attach brochures, flyers, or other information regarding the professional development activity/event.

### 3. Statement of Purpose

On a separate (attached) sheet, please provide a statement that specifically explains of how the proposed activity will contribute to your professional development and supports the mission of your department/discipline, college, and/or the university. This statement should be 250 words or less.

### 4. Travel Cost Estimate

Please provide a cost estimate of your trip:

Registration Fee	\$	Other incidentals (please describe)
Economical Airfare	\$	
Ground Transportation	\$	
Lodging	\$	
Meals	\$	
Miscellanies	\$	
TOTAL	\$	

*Required Signature*

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

### 5. Support from Other Sources

Department	\$	Comments: Approved by: _____ Signature: _____
College	\$	Comments: Approved by: _____ Signature: _____
Grants	\$	Comment: Approved by: _____ Signature: _____
Others (please specified)	\$	Comments: Approved by: _____ Signature: _____

If you have any questions, please contact Associate Provost, Dr. Sharon Huo, at xhuo@ntech.edu.

The Provost's Office will notify the college of the funding decision.

**Used by the Office of the Provost**