



APPLICATION FOR PART-TIME FACULTY PROFESSIONAL DEVELOPMENT FUNDS

NAME: _____ BANNER ID. _____

Department _____ Position _____

For a request that includes a conference, a workshop, or travel:

Title of Activity _____ Location _____
Date/Length of Activity _____
Sponsoring Organization _____ Registration Fee _____
Mileage @ _____ Mileage Total _____
Cost of Meals _____ Lodging Costs _____ Other _____
Total Cost _____

For a request for resources (materials, memberships)

Description of resources requested _____
Source of resources _____ Total Cost _____

Total Funds Requested _____

Applicant Signature _____ Date _____

TOTAL AMOUNT AWARDED _____

UCCPTFA COMMITTEE CHAIR _____

UCCPTFA PRESIDENT _____

UCCPTFA Committee Representative _____