Office of Research and Sponsored Programs

PROFESSIONAL DEVELOPMENT PROGRAMS COVER PAGE

1. **Project Title:** _____

2. **Professional Development Program:** (Check Appropriate Program)
   - ☐ Academic Staff Professional Development (for Academic Staff only)
   - ☐ Guest Lecturers, Artists, and Other Professionals
   - ☐ Workshops and Special Projects Travel

3. **Submitted By:**

   Name: _____ Name: _____

   Department or Unit: _____ Department or Unit: _____

   Phone & E-mail: _____ Phone & Email: _____

4. **Date of Application:** _____ **Project Funding Dates**: _____

5. **Abstract (Brief Description of Project):**

6. **Chairperson's or Unit Administrator's Approval**

   Please comment on your support for this project: _____

   _____

   _____

   Signature: _____ Date: _____

   Funding Support: _____ Account Number: _____

7. **College Dean's/Associate Dean's or Equivalent Unit Administrator's Approval**

   Please comment on your support for this project: _____

   _____

   _____

   Signature: _____ Date: _____

   Funding Support: _____ Account Number: _____