

APPLICATION FOR STAFF DEVELOPMENT AWARD

TO BE COMPLETED BY APPLICANT (Please type or print):

Applicant's Name: _____

Title of Program: _____

Amount of Award Applied for (\$300 maximum): _____

Date and Location of Program: _____

Please include a photocopy of program brochure with this application.

Work Phone: _____ Department: _____

Present Position: _____

Beginning Date of Present Position: _____

Briefly describe primary position responsibilities: _____

Brief statement of the value of the program to your professional responsibilities/goals and to those of the department in which you are working: _____

Signature: _____ Date: _____

TO BE COMPLETED BY DEPARTMENT CHAIR:

Value of the program to the applicant/department: _____

If amount needed is over \$300, the department will contribute \$_____ to help defray the costs of this activity.

Department Chair's Signature: _____ Date: _____

Please submit application to the Business Operations Manager, Dean's Office, College of Arts & Sciences, 438 College Street.

(Committee Use Only)

Approved _____ Disapproved _____ Date _____