*Office of the Provost and Senior Vice President*

**Request for Support of Faculty Professional Advancement Events**

*\*\* If you have made a request for funding through the Academic Leadership Special Events Fund, please do not submit an additional request here\*\**

**NOTE**: Request must be submitted at least sixty days before the date for the schedule event. Submit request to Jennifer.Diaz@uvm.edu. For questions, contact Jim.Vigoreaux@uvm.edu or Jennifer.Dickinson@uvm.edu.

**DATE**: \_\_\_\_\_\_\_\_\_\_ **SUBMITTED BY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name, title, unit, email address)

**EVENT CATEGORY** (check all that apply):

\_\_ Campus Faculty Conference \_\_Faculty Development Series

\_\_ Faculty Mentoring Program \_\_ New Faculty

\_\_ Teaching, Learning, Curriculum Development \_\_ General Education

\_\_ Community Engagement / Service Learning \_\_ Program Assessment

\_\_ Research, Scholarship, Creative Arts \_\_ Diversity and Inclusion

\_\_ Career Planning \_\_ Professional and Personal Efficacy

\_\_ Academic Leadership Development \_\_ Future Faculty

\_\_ Advising

**TYPE OF SUPPORT REQUESTED** (check all that apply):

\_\_ Financial \_\_ Event planning \_\_ Event scheduling \_\_ Event advertising and promotion

\_\_ Post-event evaluation / assessment \_\_ Other (describe)

**LIST INDIVIDUALS (UNITS) THAT WILL BE ORGANIZING (CO-SPONSORING) THE EVENT**:

**EVENT DESCRIPTION AND JUSTIFICATION**:

* Event type (e.g., speaker, panel, workshop) and tentative date
* Information on main presenter(s)
* Justification of need, including objectives and expected outcomes
* Intended audience (category, rank, and number of faculty)
* Plan for advertising or for recruiting and selecting participants
* Plan for evaluation and assessment of event quality and impact

**FUNDING**:

Provide detailed breakdown of requested funds and cost-share (amount and name of co-sponsor unit). List projected expenses by category: e.g., speaker fees/honoraria, travel expenses, meals, books and materials.

**By accepting support from the Office of Provost and Senior Vice President, I agree to**:

\_\_ Acknowledge support from *Office of the Provost, Faculty Professional Advancement* *Program* in event advertisement and program.

\_\_ Submit a report to Jennifer.Diaz@uvm.edu no later than ninety days after conclusion of the event.

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Signature