# CHHS Faculty Development Proposal Form

# 2021-2022

**Send this completed proposal form with your chair’s signature to Jamie Strong.**

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| **Date:** | **Name:**  | **Department:** |
| **Are you Full-Time or Pro Rata?** |
| **Amount requested from CHHS FDC for this activity** **(not to exceed $1500 for presentations or research, $1,000 for attendance): $\_\_\_\_\_\_\_** | **Amount available from your department this fiscal year for travel or other professional development:** **$\_\_\_\_\_\_\_** |
| **LOCATION OF ACTIVITY:** | **DATES OF ACTIVITY:** |

**ACTIVITY:** Please briefly describe the activity for which you are requesting funds and how it contributes to your faculty development. **If you will be delivering a presentation at a professional conference, please attach documentation** (e.g., letter of acceptance or program schedule).

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| --- | --- |
| **Which of the following best describes this activity?****(check one)****\_\_\_\_\_ Peer-reviewed conference presentation****\_\_\_\_\_ Conference presentation**  **(not peer-reviewed)****\_\_\_\_\_ Conference/workshop attendance****\_\_\_\_\_ Research expense****\_\_\_\_\_ Other** | **Detail to the extent that you are able, the expense of this activity you wish to have covered by CHHS Faculty Development Funds:****Registration: $\_\_\_\_\_\_\_****Travel: $\_\_\_\_\_\_\_****Lodging: $\_\_\_\_\_\_\_****Meals: $\_\_\_\_\_\_\_****Other\*: $\_\_\_\_\_\_\_****TOTAL: $\_\_\_\_\_\_\_** |

**\*Please describe “other”:**

**FACULTY AGREEMENT: I hereby agree to all policies and procedures as published in the faculty manual.**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Faculty Member)**

## **DEPARTMENTAL AUTHORIZATION: This proposal is coordinated with the goals of the department.**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Department chair. If the proposer is the chair, signature of appropriate dean)**

**DEAN 'S APPROVAL: This proposal needs final approval from the CHHS Dean or Associate Dean.**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_