# 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).

|  |  |
| --- | --- |
| **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 **(check one)**  **\_\_\_\_\_ Peer-reviewed conference presentation**  **\_\_\_\_\_ Conference presentation**  **(not peer-reviewed)**  **\_\_\_\_\_ Conference/workshop attendance**  **\_\_\_\_\_ Research expense**  **\_\_\_\_\_ Other** | **Detail to the extent that you are able, the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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_