

Request for Faculty Professional Development Funding

| I. Contact Information | | |
|-------------------------------|--------------|-------|
| Name (Last) | Name (First) | Dept. |
| Email | Ext./Phone | |

| II. Request Information | |
|--------------------------------|-------------------|
| Title of Event | Date of Event |
| Amount Requested: \$ | Purpose of Funds: |

| III. Professional Development Objectives |
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| <p><i>Select the objective that is most closely aligned with this request:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Improve student learning and retention through instructional strategies <input type="checkbox"/> Encourage developing methods of teaching and assessment <input type="checkbox"/> Support the AVC mission and institutional learning outcomes <input type="checkbox"/> Promote faculty interaction, collegiality, and professional growth <input type="checkbox"/> Support lifelong learning by examining culturally diverse perspectives <input type="checkbox"/> Enhance the internal governance and operations of AVC <p><i>Give a brief narrative explaining how this request supports your professional development:</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

| IV. Budget | |
|---|--------------|
| <i>List each item and attach verification if necessary:</i> | <i>Cost:</i> |
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| Total Cost (not to exceed \$450.00): | |

| V. Approval (Committee Use Only) | |
|--|--------------------------|
| Committee Vote: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved | If not approved, reason: |
| Date: | Signature of Co-Chair: |