

College of Natural and Health Sciences
Faculty Development Request
2009-2010

Name: _____ **Date:** _____

Type of Activity: a _____ b _____ c _____ d _____ (see Guidelines)

Names of Activity (title, location, dates):

Registration deadline: _____

Describe nature of presentation or participation (attach documentation, if possible):

Conferences/meetings attended in the last two years:

Estimated costs:

Registration fee: _____

Transportation: air fare _____; other fares: _____

Mileage (_____ miles x _____ cents per mile) = _____

Lodging: (_____ nights x \$ _____ per night) = _____

Meals: (_____ days x \$ _____ per day = _____

Shuttle or Taxi: _____ **Parking:** _____

Materials: _____ (attach an explanation)

Other costs: _____ (attach an explanation)

Total cost: _____ **External funding available:** _____

Amount approved: (Faculty Development Budget – NHFADV) _____
(Departmental Budget# _____) _____

Department Head's approval: _____ **Date:** _____

Supplemental funding (Dean's Budget – NHDEAN or NHFADV) _____

Dean's approval: _____ **Date:** _____

Date return to Department Head: _____