REQUEST FOR FACULTY DEVELOPMENT FUNDS

Request forms must be received via Adobe Sign in the Office of the Provost and Vice President for Academic Affairs (provost@csub.edu) at least three weeks before funds are needed. The Provost will fund up to the following amounts per academic year for full-time, tenure-track or tenured faculty who are presenting, (co)chairing, moderating, or participating in a panel at an approved peer reviewed conference or workshop. Additional funding may also be available from your department, dean, or other sources (GRaSP, FTLC, etc.). Visit https://www.csub.edu/bas/paymentservices/Travel for the university's travel policies. Travel expenses must post to the year in which they are requested in order to count for that fiscal year maximum

maximum.										
		Select One								
	Assist/Assoc Professo			\$1,500						
	Full Professor		[]			\$1,000				
					1				r	
Faculty:		Name]		C	SUB ID		
г					1					
L		School/Area				Department				
F		SCHOOI/Areu			7		Dep	antment	1	
Conference/										
Workshop,		Name & Location				Dates of Travel				
Location:	,							5 05 110001		
Description of	opportunity and impa	act on teacl	hing/schol	arshin (sun	norting do	cumentatio	n must he	attached).		
			ining/ schol		porting do	cumentatio		attacheuj.		
Estimated Expe	enses:									
Registration \$ Trans					ation	\$				
Lodging \$ Miscell					ous	\$				
Int'l Insurance										
	Ŧ			TOTAL EST	ΓΙΜΑΤΕ	\$				
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Funding Source	es (if not requesting fu	ınds, pleas	e indicate	\$0) :						
		AMOUNT R	REQUESTED	_			-	AMOUN	<u>T REQUESTED</u>	
Department	\$	\$ \$			Provost\$Other (FTLC, grant, etc.)\$			\$		
Dean/School	\$									
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Chartfields:	<u>BUS UNIT</u>	<u>FUND</u>	<u>DEPT ID</u>	<u>ACCT</u>	<u>PROJ</u>	<u>PROG</u>	<u>CLASS</u>		<u>T APPROVED</u>	
Department								\$		
Dean/School								\$ \$		
Provost								Ļ		
Other (FTLC, gra	ant, etc.)							\$		
Approvals:										
Dept Chair*	Name	Name			Signature				Date	
	Nume				Signature				Duit	
Dean*										
	Name				Signature				Date	
Other (FTLC, gra					Signatura				Data	
	Name				Signature				Date	
Interim Provost	/VPAA James L. Ro	odríguez, Pł	n.D.							
	Name	0 - , · ·			Signature				Date	

*Required prior to submitting to the Office of the Provost and Vice President for Academic Affairs via Adobe Sign (provost@csub.edu).