CENTER FOR TEACHING AND LEARNING
FACULTY DEVELOPMENT APPLICATION FORM
(Please include official supporting documentation. Incomplete applications will be returned.)

Please check the desired request and provide the associated professional title for the effort for which you are seeking support.

(Double click on the appropriate check box and select “Checked”)

☐ Conference/Workshop
☐ Summer Research
☐ Faculty Release Time Support
☐ Other:

Date: ________________________________

Name: ________________________________

Rank: ________________________________

Department: ________________________________

College/School: ________________________________

E-mail: ________________________________

Preferred Telephone Number: ________________________________

Department Number: ________________________________

Full-Time Faculty:  ☐ Yes ☐ No

Dates Covered by Request: ________________________________

Describe the activity, effort, or event for which you are seeking support. For conference/workshop attendance, please include the name of the conference and location (address, city, and state).

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
A. What is your role during the activity, effort, or event? Please check the appropriate box(es) and explain. (Double click on the appropriate check box and select “Checked”)

- Presentation of Research
- Chair of Session
- Attendee
- Continuing Education
- Other (specify)

B. How will your participation in this activity or event impact Norfolk State University? (Link your presentation to the University’s Strategic Plan, department, and college/school objectives. BE SPECIFIC).

C. Identify how you plan to use the requested faculty development support to improve student learning outcomes, retention, and/or graduation rates. Double click on the appropriate check box and select “Checked”)

- Enhance Teaching
- Improve Student Learning Outcomes
- Enhance Retention Rates
- Enhance Graduation Rates
- Participate in in-service training
- Contribute to the Scholarship of Teaching and Learning
- Make Curriculum Changes
- Develop Professional Expertise
- Other (specify)

Explain how you plan to use the requested faculty development support to improve student learning outcomes, retention, and/or graduation rates. (Limit this section to one paragraph that is measureable. BE SPECIFIC. Provide a timeline, when possible.)
D. Funds are being requested for the following.

Please itemize.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fees</td>
<td></td>
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<tr>
<td>Travel (Airfare, State or *Personal Vehicle)</td>
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<td>Lodging ($ per night) @</td>
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<tr>
<td>Meals (per diem rate $</td>
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<tr>
<td>Release Time (25% course reduction)</td>
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<tr>
<td>Summer Research</td>
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<td>Workshop Fees</td>
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<td>Other (specify)</td>
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*Note: Prior approval is needed from Fleet Management for use of personal vehicle.

E. Please include the following required documents with the application as appropriate and check the applicable boxes below. Your application will be reviewed ONLY if the appropriate supporting documentation is included.

(Double click on the appropriate check box and select “Checked”)

- Conference Information (conference name, date, location, and registration fee)
- Letter of Invitation or Presentation Acceptance Letter
- Abstract of Presentation
- One-Page Proposal for Release Time Support
- Three-Page Narrative and One-Page Budget for Summer Research Support
- Other (Specify)

I agree that the information and documents presented are accurate and my signature certifies my intent to direct and implement this request and to comply with all policy requirements.

F. Signature

__________________________________________  ________________________
Applicant  Date

G. Approvals: (Double click on the appropriate check box and select “Checked”)

- Approved  Disapproved

__________________________________________  ________________________
Department Head  Date

__________________________________________  ________________________
Dean  Date

FOR ADMINISTRATIVE PURPOSES ONLY

<table>
<thead>
<tr>
<th>Request has been:</th>
<th>□ Approved</th>
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</table>
Not to Exceed $ ________________

Request has been: ☐ Disapproved

Reason(s):

☐ The request does not fall within the guidelines outlined in the Faculty Development Policy.

☐ The request requires travel outside the contiguous boundaries of the United States. If the use of Title III funds is being requested, prior approval is needed.

☐ Funding for this type of request has been completely expended.

☐ Other ________________________________________________________________

_________________________________________  __________________________
Provost and Vice President for Academic Affairs or Designee  Date

NOTE: Faculty must present a reimbursement form and all original receipts (keep copies) within five days of the return from an activity or event.