

FACULTY DEVELOPMENT APPLICATION FORM

(Please include official supporting documentation with application.
Incomplete applications will be returned.)

Please Note: If applicant travels without receiving an approval letter for faculty development funds from the Center for Teaching and Learning, the Center for Teaching and Learning will not assume responsibility for any funds incurred.

****Only typewritten documents will be accepted.****

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

(Select the appropriate choice from the drop down menu)

Dates Covered by Request: _____

Today's Date: _____

Name: _____

Rank: _____

Department: _____

College/School: _____

E-mail: _____

Preferred Telephone

Number: _____

Department

Number: _____

Full-Time Faculty: ☐ Yes ☐ No

Describe the activity, effort, or event for which you are seeking support. Limit to 100 characters.

For conference/workshop attendance: *please include the official name of the conference and location.*

Conference name: _____

State: _____ City: _____ Dates: _____

A. What is your role during the activity, effort, or events? Limit to 100 characters.

- B. How will your participation in this activity or event impact Norfolk State University? If desired, you may submit a separate document. Link your statement to one of the goals in the University's Strategic Plan, <https://www.nsu.edu/Assets/websites/president/pdf/Strategic-Summary.pdf> .
Limit to 450 characters.

- C. 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 measurable.) Limit to 450 characters.

- D. 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.

- ☐ *Conference Information(Copy of web page or pamphlet, etc...)
- ☐ *Registration Information
- ☐ *Hotel Information
- ☐ *Travel Information
- ☐ *Copy of Per Diem Calculation from the GSA Per Diem Calculator
- ☐ *Letter of Invitation or Presentation Acceptance Letter
- ☐ *Abstract (If Presenting)
- ☐ Admissions Letter (Graduate School - Letter of Acceptance)
- ☐ Course Descriptions for Specific Course Enrollment
- ☐ Doctoral Plan of Study
- ☐ One Page Proposal for Release Time Support
- ☐ Three-Page Narrative and One-Page Budget for Summer Research Support

- E. *For conference attendance only*

- E. Based upon the information provided from item D, funds are being requested in the amount of: \$ _____

* **Use per diem calculator for lodging and meals** [Per diem calculator](#)

Please itemize. (within Travel Guidelines) [University Travel Policy](#)

Doctoral Tuition Assistance (related to discipline)	\$ _____
Registration Fees	\$ _____
Travel: select form of travel	\$ _____
* Meals (per diem rate \$ _____) @ _____ days	\$ _____
* Lodging (\$ _____ per night) @ _____ days	\$ _____ (include taxes and fees)
Release Time Support (25 percent course reduction)	\$ _____
Summer Research Support	\$ _____
Workshop fees	\$ _____
** Other (Specify):	\$ _____

** *Indicate shuttle, baggage, etc... Rental car must be justified if used as additional transportation.*

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

Note: In accordance with [Policy 30-08\(2021\)](#), Faculty Development recipients may be asked to do a presentation by the Office of the Provost and Vice President for Academic Affairs or Faculty Development designee.

I certify that the information herein is correct and accurate and the documents presented herein are authentic. My signature certifies my intent to direct, adhere to and implement this request and to comply with all the policy requirements of Norfolk State University. I understand that, if approved, this application will become part of the terms and conditions extended on my behalf.

F. Signature

Applicant

Date

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

☐ Approved ☐ Disapproved

Department Head

Date

☐ Approved ☐ Disapproved

Dean

Date

FOR ADMINISTRATIVE PURPOSES ONLY

Request has been : ☐ Approved

Not to Exceed \$ _____

Request has been : ☐ Disapproved

Reason(s):

The request does not fall within the guidelines outlined in the [30.08 \(2021\) Faculty Development Policy](#)

The request was not fully executed.

The request requires travel outside the contiguous boundaries of the United States.

Funding for this type of request has been completely expended.

Other:

Provost and Vice President for Academic Affairs or Designee

Date