POLICY #E-2
ATTACHMENT #1

FACULTY DEVELOPMENT FUNDING APPLICATION FORM

Date: __________

1. Faculty Name: __________________________________________________

2. Employment Status: _____ Contract _____ Tenure Track ____ % FTE ________ Date of Appointment

3. Name of event and sponsoring organization: ________________________________

4. Dates: __________ Location: _____________________________________________

5. Last trip supported by Faculty Development funds: ________________ Date

6. Faculty Development trip summary report filed: ________________ Date

7. Estimate of out-of-pocket support for faculty development activities in the past 12 months: $___________

8. Please provide a list of the faculty development activities indicated in #7 (include title of the activity, organizational sponsor, and city/state).

9. Request Category
   a. Conference planning committee _____
   b. Symposium organizer ______
   c. Presenter (poster, podium, symposium) _____
   d. Attendance only ______

10. Estimate the cost of proposed trip
    a. Registration $___________
    b. Transportation $_________
    c. Meals $________________
    d. Lodging $_______________
    e. Other $________________
       Total $_____________

10. In addition to out-of-pocket, do you have other sources of financial support for this trip?
    a. No
    b. Yes
       If Yes, how much will you receive from other sources? $_____________

11. Attach a typed no more than 300 word statement of how this program, for which you are requesting Faculty Development Funds, enhances your role in teaching, research, or service/practice/leadership. Be clear and concise. You do not necessarily need to address all areas of your faculty role.

Signature of Faculty Member __________________________________

Signature of Campus Director _________________________________
POLICY #E-2
ATTACHMENT #2

RATING SCHEMA

This form is to be completed by Faculty Development Subcommittee

_____ 1. The faculty statement demonstrates that the activity is relevant to enhancing the faculty role. (4 points)

_____ 2. Amount of out-of-pocket resources expended for faculty development activities in last 12 months (1 -3 points)

_____ 3. Employment status

- Tenure/tenure track (4 points)
- Contract - full time employment for 5 years or more (3 points)
- Contract - full time employment for less than 5 years (2 points)
- Contract - part time (1 point)

_____ 4. Attendance Only (2 points)

_____ 5. Planning Committee member (2 points)
- Podium or symposium presenter (3 points)
- Symposium organizer (4 points)
- Poster presenter (3 points)

Failure to submitted a summary report for an activity supported by the Faculty Development funds results in a deduction of five (5) points from the total score.

Total Points ____________

Trip Recommended for funding: _____Yes _____No
If NO (explanation) __________________________________________________________

Faculty Development Subcommittee funding level recommendation: $___________

Faculty Development Subcommittee review date: ______________

Dean of College of Nursing review date: ______________

Amount of funding approved by the Dean of the College of Nursing: $___________

Date applicant notified of funding approval: ______________

Date the trip summary report received: ______________