Old Dominion University

Faculty Development Funds

Application/Cover Sheet

FACULTY APPLICANT: ______________________________ PHONE: ______________ DATE: __________

DEPARTMENT/SCHOOL: ______________________________ COLLEGE: ____________________

TITLE OF PROPOSAL:

BUDGET REQUEST: $

Type of Proposal (Check all that apply):

_ Teaching Effectiveness Workshop
_ Topic Workshop
_ Instructional Materials Development
_ Summer Award
_ Expenses for External Experts
_ Other:

PREVIOUS FACULTY DEVELOPMENT AWARDS RECEIVED: Award

______________________________ $
______________________________ $
______________________________ $

Comment(s):

Signature: ______________________________ Date:

DEPARTMENT EVALUATION

[Forward ORIGINAL D Q G F R S \ (with ALL endorsements) and Proposal to Dean]

Evaluat ion of Chair:

Budgetary Commitment from Department: $ _______ Signature (Department Chair) Date

COLLEGE EVALUATION

[Forward ORIGINAL F R S \ of Application (with ALL endorsements) and Proposal to the Faculty Senate Office Y L D H P D L O W R M P R R G \ # R G X H

Evaluation of Dean:

Budgetary Commitment from College: $ _______ Signature (Dean) B B B B B B B B B B B B B B B B B B B B B B B B B B B B Date B B B B B B B B B B B B B B B B B B B

SCHOLARLY ACTIVITY AND RESEARCH COMMITTEEÕS RECOMMENDATION

[Forward H O H F W U R Q L F F R S \ (with ALL endorsements) and Proposal to the Associate Vice President for Academic Affairs]

___ Approved ___ Disapproved AWARD: $

Signature (Chair, Faculty Senate Committee D) : B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B Date B B B B B B B B B B B B B B B B B B B

ASSOCIATE VICE PRESIDENT FOR ACADEMIC AFFAIRSÕ RECOMMENDATION

___ Approved ___ Disapproved AWARD: $

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