

PROFESSIONAL DEVELOPMENT FUNDING APPLICATION

Name		ID
Address/City/		
State		
	Office Phone_	
Rank/Title or Classifica	ntion	Years at BSU
Submit application to	o Professional Developme	nt Committee via the Office of the Provost. Category of
Request: Please mark the category appruest.		ITEMIZED COST
Category A: D	egree Programs	
Category B: N	on-Degree Study	
Category C: R	esearch/Presentations	
Category D: W	Vorkshops/Conferences	
		Total Funds Requested: \$
and Number(s) used for program.	a course if Category A. 1	For Category B, C, or D, please provide a description of
This activity will contribe responsibilities in the fo		lity to perform my Bluefield State University
Beginning/Ending dates	s of Proposed Activity	
Location of Proposed A	ctivity	
		our school dean/supervisor for departmental travel funds

BY SIGNING BELOW, I SIGNIFY THAT I UNDERSTAND THE FOLLOWING:

- 1. I have a commitment to continue my employment at Bluefield State University for a period of one year after completion of the activity financed. Should I voluntarily leave BSU before this period ends, I will make full repayment for the funds received. Failure to do so may result in withholding of final pay from BSU.
- 2. Within two weeks following the end of the semester (Categories A or B), I will submit my grade for the course(s) taken to the Professional Development Committee Chair (Provost) which will be included in my file. I understand that my file needs to be updated by me on a regular basis so the Committee can review my academic progress. I will make sure my file contains my program of study, progress toward my degree, and transcripts.
- 3. Requests for funding in any category should be made a minimum of two (2) weeks prior to the need. Guarantees cannot be made that late applications will be approved.
- 4. Funds which are designed for assistance with tuition payments, and which are awarded to, or expected to be awarded to, employees via scholarships or grants, should be applied first to tuition payments. Professional Development funds are intended to supplement rather than to supplant such awards. Noncompliance could place in jeopardy the employee's future awards of Professional Development funds.

Signature of Faculty/Staff/Administrator
Employee:
Date:
STATEMENT FROM SCHOOL DEAN/SUPERVISOR
Are departmental travel funds available for this activity? Yes No if yes, amount available \$
I recommend approval of this request for Professional Development Funds
Signature School Dean/Supervisor
Committee Action: Date Received
Documentation of Successful Completion of Previous Activities in Employee's File: Yes No
Date of Committee Action [] Approved [] Disapproved
Total Funds Approved \$
Signature of Professional Development Committee Chair

Copies to: Committee File, School File, School Dean/Supervisor/ Applicant/Title III Director