

APPLICATION FOR PROFESSIONAL DEVELOPMENT FUNDING
FROM THE FACULTY PD COMMITTEE

Current Funding Year: **2018-2019 (April 1, 2018 – March 31, 2019)**

Name:

Email:

Department:

Number of years of service at Capilano:

Number of sections assigned each academic year for the past 2 years:

Date and amount of the last approved grant:

Type of PD activity:

Location of PD activity:

Dates of PD Activity:

- 1. Please describe the planned PD activity including a proposed itinerary of the days during which you are applying for funding. If you are applying for funding to cover travel costs associated with independent research, in addition to the itinerary please provide contact names, and organizations with whom you are conducting your research.**

- 2. Describe the contribution or expected benefits of the planned PD activity in relation to teaching and learning at Capilano University. Be as detailed as possible to assist the PD Committee in making decisions.**

- 3. Indicate how, where, and when you will share your experience with the Capilano University Faculty**



PROFESSIONAL DEVELOPMENT FUNDING FROM THE FACULTY PD COMMITTEE PROPOSED BUDGET

Applicant Name _____

Department: _____

Brief description of activity:

Please provide a detailed budget outlining the costs associated with the PD Activity, for example, airfare, hotel, registration fees, etc. **Costs other than those listed here will not be reimbursed.**

ESTIMATED PD EXPENSES	AMOUNT (CND)
Subtotal	
Minus funding from other sources (e.g., personal spending acct., departmental funds)	
TOTAL	

INTERNAL USE ONLY:	Funding Approval Maximum Amount: _____	
Name (please print)	Signature	Date
PD Committee Chair: _____	_____	_____
Administrator: _____	_____	_____