

UCR UNIT 18 PROFESSIONAL DEVELOPMENT APPLICATION FORM
Academic Year 2008-2009

Name: _____ Appointment %: _____
 Department/Program: _____ College: _____
 Contact Information: _____
 (campus email and address) _____
 Activity Start and End Dates: _____

1. The items listed below are required to complete this application, unless otherwise indicated.
 Check all items that are included with your application.

- Description of the proposed professional development and its relevance to pedagogy (up to 500 words)
- Evidence of UCR employment at the time of the activity. Refer to the written guidelines for examples of acceptable evidence.
- Current curriculum vitae
- * Receipt copies, if all or a portion of the expenses related to this request have been paid. (**Retain but do not submit original receipts; original receipts, including airline boarding passes, will be required for reimbursement if you are approved for an award. Ensure that all personal account information has been hidden.**)
- Additional project support information (optional)

If you are applying for a course release or paid leave, these additional items are also required.

- Letter of support from the Department or Program Chair
- Current annual salary \$ _____.

2. Itemization of expenses or a proposed budget is required. In the table below, provide the requested amounts in the "Amt. Requested" column, for each category that applies. Applicants should leave the "Amt. Awarded" column blank. In the "Description/Specifics" column, add relevant details to explain requested amounts. For example: Fees - indicate type (registration, membership, etc.); Supplies, Equipment, and Other requests – add specifics; Travel – show destination and dates. If additional space is required, add a separate sheet, and check here.

Itemized Budget			Council Use Only
Category	Description / Specifics	Amount Requested	Amount Awarded
Fees			
Supplies			
Equipment			
*Travel: Airfare			
*Travel: Other Transport			
*Travel: Lodging			
*Travel: Meals			
*Travel: Mileage			
Other (specify)			
Course Release /Paid Leave			
Total Amount Requested / Awarded			

* Travel expenses must comply with campus and University policy to be eligible for reimbursement.

Applicant Name _____

3. Are you receiving other professional development assistance? No Yes - If yes, indicate what assistance (amount, purpose) you are receiving.

4. Have you have received a professional development award in the past? No Yes (please provide year, amount and purpose):

Applicant Signature and date _____

Chair/Director Signature and date _____